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SALUS POPULI SUPREMA LEX ESTO

“The welfare of the people shall be the supreme law.”



ROBIN CARNAHAN
SECRETARY OF STATE

MISSOURI
REGISTER

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SECRETARY OF STATE

ROBIN CARNAHAN

Administrative Rules Division

James C. Kirkpatrick State Information Center

600 W. Main

Jefferson City, MO 65101

(573) 751-4015

DIRECTOR

BARBARA WOOD

•

EDITORS

BARBARA MCDUGAL

JAMES MCCLURE

•

ASSOCIATE EDITORS

CURTIS W. TREAT

SALLY L. REID

•

PUBLISHING STAFF

WILBUR HIGHBARGER

JACQUELINE D. WHITE

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IN THIS ISSUE:

EMERGENCY RULES

Elected Officials	
Secretary of State	441

EXECUTIVE ORDERS

PROPOSED RULES

Department of Agriculture	
Animal Health	462
Department of Mental Health	
Admission Criteria	462
Department of Social Services	
Division of Medical Services	468
Elected Officials	
Secretary of State	472
Department of Health and Senior Services	
Division of Community and Public Health	478

ORDERS OF RULEMAKING

Office of Administration	
Division of Facilities Management, Design and Construction	489
Division of Facilities Management	489
Department of Conservation	
Conservation Commission	489
Department of Economic Development	
Division of Credit Unions	490

Department of Natural Resources

Geological Survey and Resource Assessment	
Division	490

Department of Social Services

Children's Division	490
---------------------	-----

Department of Corrections

State Board of Probation and Parole	490
-------------------------------------	-----

Retirement Systems

The Public School Retirement System of Missouri	495
---	-----

Department of Health and Senior Services

Division of Regulation and Licensure	495
--------------------------------------	-----

Department of Insurance

Financial Examination	506
-----------------------	-----

IN ADDITIONS

Department of Transportation

Missouri Highways and Transportation Commission	507
---	-----

CONTRACTOR DEBARMENT LIST

DISSOLUTIONS

SOURCE GUIDES

RULE CHANGES SINCE UPDATE	517
EMERGENCY RULES IN EFFECT	523
EXECUTIVE ORDERS	525
REGISTER INDEX	528

Register Filing Deadlines	Register Publication Date	Code Publication Date	Code Effective Date
January 3, 2006 January 17, 2006	February 1, 2006 February 15, 2006	February 28, 2006 February 28, 2006	March 30, 2006 March 30, 2006
February 1, 2006 February 15, 2006	March 1, 2006 March 15, 2006	March 31, 2006 March 31, 2006	April 30, 2006 April 30, 2006
March 1, 2006 March 15, 2006	April 3, 2006 April 17, 2006	April 30, 2006 April 30, 2006	May 30, 2006 May 30, 2006
April 3, 2006 April 17, 2006	May 1, 2006 May 15, 2006	May 31, 2006 May 31, 2006	June 30, 2006 June 30, 2006
May 1, 2006 May 15, 2006	June 1, 2006 June 15, 2006	June 30, 2006 June 30, 2006	July 30, 2006 July 30, 2006
June 1, 2006 June 15, 2006	July 3, 2006 July 17, 2006	July 31, 2006 July 31, 2006	August 30, 2006 August 30, 2006
July 3, 2006 July 17, 2006	August 1, 2006 August 15, 2006	August 31, 2006 August 31, 2006	September 30, 2006 September 30, 2006
August 1, 2006 August 15, 2006	September 1, 2006 September 15, 2006	September 30, 2006 September 30, 2006	October 30, 2006 October 30, 2006
September 1, 2006 September 15, 2006	October 2, 2006 October 16, 2006	October 31, 2006 October 31, 2006	November 30, 2006 November 30, 2006
October 2, 2006 October 16, 2006	November 1, 2006 November 15, 2006	November 30, 2006 November 30, 2006	December 30, 2006 December 30, 2006
November 1, 2006 November 15, 2006	December 1, 2006 December 15, 2006	December 31, 2006 December 31, 2006	January 30, 2007 January 30, 2007
December 1, 2006 December 15, 2006	January 2, 2007 January 17, 2007	January 29, 2007 January 29, 2007	February 28, 2007 February 28, 2007

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at <http://www.sos.mo.gov/adrules/pubsched.asp>

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HOW TO CITE RULES AND RSMo

RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified in the *Code of State Regulations* in this system—

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Title 15—ELECTED OFFICIALS Division 30—Secretary of State Chapter 9—Uniform Counting Standards

EMERGENCY RESCISSION

15 CSR 30-9.020 Uniform Counting Standards—Optical Scan Voting Systems. This rule provided for standards to be used by election authorities when counting ballots cast using optical scan voting systems.

PURPOSE: This rule is being rescinded so that updated standards may be promulgated for use by election authorities when counting ballots using optical scan voting systems.

EMERGENCY STATEMENT: There is a compelling governmental interest in rescinding this rule because a corresponding emergency rule updating the counting standards for optical scan voting systems has been filed and will be effective February 18, 2006. A proposed rescission, which covers the same material, is published in this issue of the Missouri Register. The scope of this emergency rescission is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Office of the Secretary of State believes this emergency rescission is fair to all interested persons and parties under the circumstances. This emergency rescission was filed February 2, 2006, effective February 18, 2006, expires August 16, 2006.

AUTHORITY: section 115.225, RSMo 2000. Original rule filed Aug. 8, 2001, effective March 1, 2002. Emergency rescission filed Feb. 2, 2006, effective Feb. 18, 2006, expires Aug. 16, 2006. A proposed rescission covering this same material is published in this issue of the Missouri Register.

Title 15—ELECTED OFFICIALS Division 30—Secretary of State Chapter 9—Uniform Counting Standards

EMERGENCY RULE

15 CSR 30-9.020 Uniform Counting Standards—Optical Scan Voting Systems

PURPOSE: This rule provides for standards to be used by election authorities when counting ballots cast using optical scan voting systems.

EMERGENCY STATEMENT: The Help America Vote Act (HAVA) of 2002, requires each state to enact laws to improve election administration and to create standards in several key areas. HAVA requires states to promulgate uniform and nondiscriminatory standards that define what constitutes a vote and what will be counted as a vote for each category of voting system used in the state. As part of the Elections Division program for compliance with HAVA and the equipment qualification process, the Secretary of State (SOS) reviewed existing counting standards. This review revealed a potential for ambiguity in the counting standards rule for optical scan ballots, for example the use of the term "adjacent to." The local jurisdictions are in the process of finalizing their HAVA compliant voting system purchases and it has become apparent that the vast majority of voters in the state of Missouri will be using optical scan voting systems, many of them for the first time. The increased numbers of voters and jurisdictions using optical scan voting systems makes a uniform counting standard that maximizes the accuracy and efficiency of hand recounts crucial to the improvement of election administration. As the first election in 2006 approaches that involves all local election authorities, including those jurisdictions using optical scan systems for the first time (April 4), there is a compelling governmental interest for a uniform counting standard which is capable of expeditiously handling a large volume of ballots.

The scope of this emergency rule is limited to the circumstances creating the emergency and complied with the protections extended in the Missouri and United States Constitutions. The Office of the Secretary of State believes this emergency is fair to all interested persons and parties under the circumstances. This emergency rule was filed February 2, 2006, effective February 18, 2006, expires August 16, 2006.

(1) The election authority shall be responsible for insuring that the standards provided for in this rule are followed when counting ballots cast using optical scan voting systems.

(2) Prior to tabulating ballots all machines shall be programmed to reject blank ballots where no votes are recorded, or where an over-vote is registered in any race.

(A) In jurisdictions using precinct-based tabulators, the voter who cast the ballot shall review the ballot if rejected, to determine if he/she wishes to make any changes to the ballot or if he/she would like to spoil their ballot and receive another ballot.

(B) In jurisdictions using centrally based tabulators, if a ballot is so rejected, it shall be reviewed by a bipartisan team using the following criteria:

1. If a ballot is determined to be damaged, the bipartisan team shall spoil the original ballot and duplicate the voter's intent on the new ballot, provided that there is an undisputed method of matching the duplicate card with its original after it has been placed with the remainder of the ballot cards from that precinct; and

2. The provisions of sections (3), (4), (5) and (6) of this rule.

(3) The following marks shall be considered expressions of voter intent:

(A) Any ballot which is properly marked in the target area, as specified by the ballot instructions.

For Governor	
(Vote for one)	
<input checked="" type="radio"/> HARRY S. TRUMAN	PARTY
<input type="radio"/> LAURA INGALLS WILDER	PARTY
<input type="radio"/> MARK TWAIN	PARTY
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/> WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor	
(Vote for one)	
HARRY S. TRUMAN	PARTY
LAURA INGALLS WILDER	PARTY
MARK TWAIN	PARTY
GEORGE WASHINGTON CARVER	PARTY
WALT DISNEY	PARTY
WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

(B) Any ballot that is properly marked with any device other than the approved marking device which prevents a machine count shall be counted as a vote.

(C) The target area next to a candidate or issue preference is circled.

For Governor	
(Vote for one)	
<input type="radio"/> HARRY S. TRUMAN	PARTY
<input type="radio"/> LAURA INGALLS WILDER	PARTY
<input checked="" type="radio"/> MARK TWAIN	PARTY
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/> WRITE-IN	PARTY

This constitutes a vote for Mark Twain

For Governor	
(Vote for one)	
HARRY S. TRUMAN	PARTY
LAURA INGALLS WILDER	PARTY
MARK TWAIN	PARTY
GEORGE WASHINGTON CARVER	PARTY
WALT DISNEY	PARTY
WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

(D) There is a distinguishing mark in the target area next to a candidate or issue preference including but not limited to the following examples:

For Governor	
(Vote for one)	
<input checked="" type="radio"/> HARRY S. TRUMAN	PARTY
<input type="radio"/> LAURA INGALLS WILDER	PARTY
<input type="radio"/> MARK TWAIN	PARTY
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/> WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor	
(Vote for one)	
HARRY S. TRUMAN	PARTY
LAURA INGALLS WILDER	PARTY
MARK TWAIN	PARTY
GEORGE WASHINGTON CARVER	PARTY
WALT DISNEY	PARTY
WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor	
(Vote for one)	
<input checked="" type="radio"/> HARRY S. TRUMAN	PARTY
<input type="radio"/> LAURA INGALLS WILDER	PARTY
<input type="radio"/> MARK TWAIN	PARTY
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/> WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor	
(Vote for one)	
HARRY S. TRUMAN	PARTY
LAURA INGALLS WILDER	PARTY
MARK TWAIN	PARTY
GEORGE WASHINGTON CARVER	PARTY
WALT DISNEY	PARTY
WRITE-IN	PARTY

This constitutes a vote for Walt Disney

(E) The name of a candidate or issue preference is circled or underlined.

For Governor	
(Vote for one)	
<input type="radio"/> HARRY S. TRUMAN	PARTY
<input type="radio"/> LAURA INGALLS WILDER	PARTY
<input type="radio"/> MARK TWAIN	PARTY
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/> WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
<input type="radio"/> HARRY S. TRUMAN	PARTY	
<input checked="" type="radio"/> LAURA INGALLS WILDER	PARTY	
<input checked="" type="radio"/> MARK TWAIN	PARTY	
<input checked="" type="radio"/> GEORGE WASHINGTON CARVER	PARTY	
<input type="radio"/> WRITE-IN	PARTY	

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
<input type="radio"/> HARRY S. TRUMAN	PARTY	
<input checked="" type="radio"/> LAURA INGALLS WILDER	PARTY	
<input type="radio"/> MARK TWAIN	PARTY	
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY	
<input type="radio"/> WRITE-IN	PARTY	

This constitutes a vote for Laura Ingalls Wilder

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes a vote for Mark Twain

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
<input checked="" type="radio"/> LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes a vote for Laura Ingalls Wilder

(F) The party abbreviation associated with a candidate's name is circled.

For Governor (Vote for one)		
<input type="radio"/> HARRY S. TRUMAN	PARTY	
<input type="radio"/> LAURA INGALLS WILDER	PARTY	
<input type="radio"/> MARK TWAIN	PARTY	
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY	
<input type="radio"/> WRITE-IN	PARTY	

This constitutes a vote for Mark Twain

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes a vote for Mark Twain

(G) If a voter marked each choice by crossing out the names of candidate or issue preference not chosen, such expressions of intent shall constitute a valid vote for such candidate or issue preference not crossed out.

For Governor (Vote for one)		
<input checked="" type="radio"/> HARRY S. TRUMAN	PARTY	
<input type="radio"/> LAURA INGALLS WILDER	PARTY	
<input checked="" type="radio"/> MARK TWAIN	PARTY	
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY	
<input type="radio"/> WRITE-IN	PARTY	

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes a vote for Harry S. Truman

(4) The following shall not be considered expressions of voter intent:

(A) Hesitation or stray marks.

For Governor (Vote for one)		
<input type="radio"/> HARRY S. TRUMAN	PARTY	
<input type="radio"/> LAURA INGALLS WILDER	PARTY	
<input type="radio"/> MARK TWAIN	PARTY	
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY	
<input type="radio"/> WRITE-IN	PARTY	

This constitutes an undervote

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes an undervote

(B) In the event that there are distinguishing marks for two (2) or more candidates, without additional clarifying marks, the ballot shall be deemed an overvote.

For Governor (Vote for one)		
<input type="radio"/> HARRY S. TRUMAN	PARTY	
<input checked="" type="radio"/> LAURA INGALLS WILDER	PARTY	
<input type="radio"/> MARK TWAIN	PARTY	
<input checked="" type="radio"/> GEORGE WASHINGTON CARVER	PARTY	
<input type="radio"/> WRITE-IN	PARTY	

This constitutes an overvote

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes an overvote

(C) If a voter marks more candidates than there are positions to be elected for that office, the marks do not constitute a valid vote for any candidate in that race.

For Governor (Vote for one)		
<input checked="" type="radio"/> HARRY S. TRUMAN	PARTY	
<input type="radio"/> LAURA INGALLS WILDER	PARTY	
<input checked="" type="radio"/> MARK TWAIN	PARTY	
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY	
<input type="radio"/> WRITE-IN	PARTY	

This constitutes an overvote

For School Board (Vote for three)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes an overvote

(5) In jurisdictions using optical scan systems, a valid vote for a write-in candidate must include the following:

(A) The name of a qualified write-in candidate. If the name of the candidate, as written by the voter, is substantially as declared by the candidate it shall be counted, or in those circumstances where the names of candidates are similar, the names of candidates as shown on voter registration records shall be counted; and

(B) The name of the office for which the candidate is to be elected.

(6) If a voter designates a vote for a named candidate on the ballot and also provides for a write-in candidate in the same race it shall be treated as follows:

(A) If a voter designates a vote for a named candidate on the ballot and writes in the same candidate in the write-in area, the vote shall count for that candidate.

For Governor (Vote for one)		
<input type="radio"/> HARRY S. TRUMAN	PARTY	
<input type="radio"/> LAURA INGALLS WILDER	PARTY	
<input type="radio"/> MARK TWAIN	PARTY	
<input checked="" type="radio"/> GEORGE WASHINGTON CARVER	PARTY	
<input type="radio"/> <u>George W. Carver</u>	PARTY	
WRITE-IN		

This constitutes a vote for George Washington Carver

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
<u>Laura Ingalls Wilder</u>		←
WRITE-IN		

This constitutes a vote for Laura Ingalls Wilder

(B) If a voter designates a vote for a named candidate on the ballot and writes in the name of a qualified write-in candidate or the name of a different named candidate on the ballot in that race, it shall be considered an overvote with neither candidate receiving credit for the vote.

For Governor (Vote for one)		
<input type="radio"/> HARRY S. TRUMAN	PARTY	
<input type="radio"/> LAURA INGALLS WILDER	PARTY	
<input checked="" type="radio"/> MARK TWAIN	PARTY	
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY	
<input type="radio"/> <u>Harry S. Truman</u>	PARTY	
WRITE-IN		

This constitutes an overvote

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
<u>Walt Disney</u>		←
WRITE-IN		

This constitutes an overvote

(C) If a voter designates a vote for a named candidate on the ballot and writes in the name of a person who is not a qualified write-in candidate and not a named candidate on the ballot in that race, it shall be considered an overvote with no candidate receiving credit for the vote.

For Governor	
(Vote for one)	
<input type="radio"/> HARRY S. TRUMAN	PARTY
<input checked="" type="radio"/> LAURA INGALLS WILDER	PARTY
<input type="radio"/> MARK TWAIN	PARTY
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/> <u>Albert Einstein</u>	PARTY
WRITE-IN	PARTY

This constitutes an overvote

For Governor	
(Vote for one)	
HARRY S. TRUMAN	PARTY
LAURA INGALLS WILDER	PARTY
MARK TWAIN	PARTY
GEORGE WASHINGTON CARVER	PARTY
WALT DISNEY	PARTY
<u>Michael Douglas</u>	PARTY
WRITE-IN	PARTY

This constitutes an overvote

(7) Whenever a hand recount of votes of optical scan ballots is ordered, the provisions of this rule shall be used to determine voter intent.

AUTHORITY: section 115.225, RSMo Supp. 2005. Original rule filed Aug. 8, 2001, effective March 1, 2002. Emergency rescission and rule filed Feb. 2, 2006, effective Feb. 18, 2006, expires Aug. 16, 2006. A proposed rule covering this same material is published in this issue of the Missouri Register.

Title 15—ELECTED OFFICIALS

Division 30—Secretary of State

Chapter 9—Uniform Counting Standards

EMERGENCY RESCISSION

15 CSR 30-9.030 Uniform Counting Standards—Paper Ballots. This rule provided for standards to be used by election authorities when counting ballots cast using paper ballots.

PURPOSE: This rule is being rescinded so that updated standards may be promulgated for use by election authorities when counting ballots using paper ballots.

EMERGENCY STATEMENT: There is a compelling governmental interest in rescinding this rule because a corresponding emergency rule updating the counting standards for paper ballots has been filed and will be effective February 18, 2006. A proposed rescission, which covers the same material, is published in this issue of the Missouri Register. The scope of this emergency rescission is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Office of the Secretary of State believes this emergency rescission is fair to all interested persons and parties under the

circumstances. This emergency rescission was filed February 2, 2006, effective February 18, 2006, expires August 16, 2006.

AUTHORITY: section 115.225, RSMo 2000. Original rule filed Aug. 8, 2001, effective March 1, 2002. Emergency rescission filed Feb. 2, 2006, effective Feb. 18, 2006, expires Aug. 16, 2006. A proposed rescission covering this same material is published in this issue of the Missouri Register.

Title 15—ELECTED OFFICIALS

Division 30—Secretary of State

Chapter 9—Uniform Counting Standards

EMERGENCY RULE

15 CSR 30-9.030 Uniform Counting Standards—Paper Ballots

PURPOSE: This rule provides for standards to be used by election authorities when counting ballots cast using paper ballots.

EMERGENCY STATEMENT: On February 2, 2006 the Office of the Secretary of State filed an emergency rule concerning uniform counting standards for optical scan voting systems. As part of the elections division program for compliance with the Help America Vote Act (HAVA) of 2002 and the equipment qualification process, the Secretary of State (SOS) reviewed existing counting standards. This review revealed a potential for ambiguity in the counting standards rule for optical scan ballots, for example the use of the term "adjacent to." The increased numbers of voters and jurisdictions using optical scan voting systems makes a uniform counting standard that maximizes the accuracy and efficiency of hand recounts crucial to the improvement of election administration. As the first election in 2006 approaches that involves all local election authorities, including those jurisdictions using optical scan systems for the first time (April 4), it was necessary to have a uniform counting standard which is capable of expeditiously handling a large volume of ballots. As the current uniform counting standards for paper ballots mirror those relating to optical scan systems, there is a compelling governmental interest in the promulgation of this emergency rule in order to maintain the consistency of counting standards for each voting system and method.

The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Office of the Secretary of State believes this emergency is fair to all interested persons and parties under the circumstances. This emergency rule was filed February 2, 2006, effective February 18, 2006, expires August 16, 2006.

(1) The election authority shall be responsible for insuring that the standards provided for in this rule are followed when counting ballots cast using paper ballots.

(2) The following marks shall be considered expressions of voter intent:

(A) Any ballot which is properly marked, as specified by the ballot instructions, in the target area.

For Governor	
(Vote for one)	
<input checked="" type="checkbox"/> HARRY S. TRUMAN	PARTY
<input type="checkbox"/> LAURA INGALLS WILDER	PARTY
<input type="checkbox"/> MARK TWAIN	PARTY
<input type="checkbox"/> GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/> <u>Michael Douglas</u>	PARTY
WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

(B) The target area next to a candidate or issue preference is circled.

For Governor		
(Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input checked="" type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Mark Twain

(C) There is a distinguishing mark in the target area next to a candidate or issue preference including but not limited to the following examples:

For Governor		
(Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor		
(Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

(D) The name of a candidate or issue preference is circled or underlined.

For Governor		
(Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	<u>LAURA INGALLS WILDER</u>	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

For Governor		
(Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	<u>LAURA INGALLS WILDER</u>	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

(E) The party abbreviation associated with a candidate's name is circled.

For Governor		
(Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	<u>PARTY</u>
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for George Washington Carver

(F) If a voter consistently marked each choice by crossing out the names of candidate not chosen, such expressions of intent shall constitute a valid vote for such candidate or issue preference not crossed out.

For Governor		
(Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Mark Twain

(G) In the event that there are distinguishing marks for two (2) or more candidates, clarified by an additional mark or marks that appear to indicate support, the ballot shall be counted as a vote for the candidate with the additional, clarifying marks.

For Governor		
(Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

(3) The following shall not be considered expressions of voter intent:

(A) Hesitation or stray marks.

For Governor		
(Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

(B) In the event that there are distinguishing marks for two (2) or more candidates, without additional clarifying marks, the ballot shall be deemed an overvote.

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input checked="" type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input checked="" type="checkbox"/>	<u>Harry S. Truman</u>	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

(C) If a voter marks more candidates than there are positions to be elected for that office, the marks do not constitute a valid vote for any candidate in that race.

(C) If a voter designates a vote for a named candidate on the ballot and writes in the name of a person who is not a qualified write-in candidate and not a named candidate on the ballot in that race, it shall be considered an overvote with no candidate receiving credit for the vote.

For School Board (Vote for three)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input checked="" type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input checked="" type="checkbox"/>	WALT DISNEY	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	<u>Gertude Stein</u>	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

(4) In jurisdictions using paper ballots, a valid vote for a write-in candidate must include the following:

(A) The name of a qualified write-in candidate. If the name of the candidate, as written by the voter, is substantially as declared by the candidate it shall be counted, or in those circumstances where the names of candidates are similar, the names of candidates as shown on voter registration records shall be counted.

(B) The name of the office for which the candidate is to be elected.

(5) If a voter designates a vote for a named candidate on the ballot and also provides for a write-in candidate in the same race it shall be treated as follows:

(A) If a voter designates a vote for a named candidate on the ballot and writes in the same candidate in the write-in area, the vote shall count for that candidate.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input checked="" type="checkbox"/>	<u>Laura Ingalls Wilder</u>	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

(B) If a voter designates a vote for a named candidate on the ballot and writes in the name of a qualified write-in candidate or the name of a different named candidate on the ballot in that race, it shall be considered an overvote with neither candidate receiving credit for the vote.

(6) Whenever a hand recount of votes of paper ballots is ordered, the provisions of this rule shall be used to determine voter intent.

AUTHORITY: section 115.225, RSMo Supp. 2005. Original rule filed Aug. 8, 2001, effective March 1, 2002. Emergency rescission and rule filed Feb. 2, 2006, effective Feb. 18, 2006, expires Aug. 16, 2006. A proposed rule covering this same material is published in this issue of the Missouri Register.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo Supp. 2005.

EXECUTIVE ORDER

06-04

WHEREAS, the Missouri Department of Insurance was created pursuant to Article IV, Section 36(b) of the Missouri Constitution and Section 374.010, RSMo; and

WHEREAS, the Division of Finance was created pursuant to Section 361.010 RSMo; and

WHEREAS, the State Banking Board was created pursuant to Section 361.092 RSMo; and

WHEREAS, the Division of Credit Unions was created pursuant to Section 620.010 RSMo; and

WHEREAS, the Division of Professional Registration was created pursuant to Section 620.010 RSMo; and

WHEREAS, the Department of Insurance is charged with the execution of all laws now in force, or which may be hereafter enacted, in relation to insurance and insurance companies doing business in this state; and

WHEREAS, the transfer of financial and professional regulation to one state department would better serve Missouri's citizens and is a component of the Governor's Executive Branch Reorganization Plan of 2006; and

WHEREAS, consolidation of these regulatory functions and programs would increase efficiencies and provide a more cohesive and coordinated approach to the regulation of financial entities and professional licensees; and

WHEREAS, I am committed to integrating executive branch operations to ensure that the state delivers quality services in the most accessible manner and at the lowest cost to taxpayers.

NOW THEREFORE, I, Matt Blunt, Governor of the State of Missouri, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, including Article IV, Section 12 of the Missouri Constitution, Chapter 26, RSMo, and the Omnibus State Reorganization Act of 1974, do hereby order the Missouri Department of Insurance and the Missouri Department of Economic Development to cooperate to:

1. Transfer all authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Division of Finance to the Department of Insurance by Type III transfer, as defined under the Reorganization Act of 1974; and

2. Transfer all authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the State Banking Board to the Department of Insurance by Type III transfer, as defined under the Reorganization Act of 1974; and
3. Transfer all authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Division of Credit Unions to the Department of Insurance by Type III transfer, as defined under the Reorganization Act of 1974; and
4. Transfer all authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Division of Professional Registration to the Department of Insurance by Type III transfer, as defined under the Reorganization Act of 1974; and
5. Develop mechanisms and processes necessary to effectively transfer all duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Division of Finance, State Banking Board, Division of Credit Unions and Division of Professional Registration to the Missouri Department of Insurance; and
6. Ensure that the reconstituted Department of Insurance is organized in a manner consistent with the structure provided in the Governor's Executive Branch Reorganization Plan of 2006; and
7. Take the steps necessary to maintain compliance with federal requirements, so as not to jeopardize federal financial participation with this consolidation.

The Missouri Department of Insurance shall henceforth be known as, the Missouri Department of Insurance, Financial Institutions and Professional Registration.

This Order shall become effective no sooner than August 28, 2006 unless disapproved within sixty days of its submission to the Second Regular Session of the 93rd General Assembly.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 1st day of February, 2006.

A handwritten signature in cursive script, reading "Matt Blunt".

Matt Blunt
Governor

ATTEST:

A handwritten signature in cursive script, reading "Robin Carnahan".

Robin Carnahan
Secretary of State

**EXECUTIVE ORDER
06-05**

WHEREAS, the Department of Social Services was established pursuant to Article IV, Section 37 of the Missouri Constitution; and

WHEREAS, the Department of Health and Senior Services was established pursuant to Section 192.005, RSMo; and

WHEREAS, the Missouri Rx Plan Advisory Commission ("Commission") was established by Section 208.792. 1, RSMo, and is currently assigned to the Department of Health and Senior Services; and

WHEREAS, the Commission provides advice on guidelines, policies, and procedures necessary to establish the Missouri Rx plan; educates Missouri residents on quality prescription drug programs and cost-containment strategies in medication therapy; and assists Missouri residents in enrolling or accessing prescription drug assistance programs for which they are eligible; and

WHEREAS, the Missouri Rx Plan was established pursuant to Section 208.782, RSMo and assigned to the Department of Social Services; and

WHEREAS, the purpose of the Missouri Rx Plan is to provide certain pharmaceutical benefits to certain elderly and disabled residents of this state, to facilitate coordination of benefits between the Missouri Rx plan and the federal Medicare Part D drug benefit program, as well as to enroll such individuals in said program; and

WHEREAS, consolidation of the Commission and the Missouri Rx Plan within one department would increase efficiencies and eliminate duplication of efforts and is a component of the Governor's Executive Branch Reorganization Plan of 2006; and

WHEREAS, I am committed to integrating executive branch operations to ensure that the state delivers quality services in the most accessible manner and at the lowest cost to taxpayers.

NOW, THEREFORE, I, MATT BLUNT, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the Laws of the State of Missouri, do hereby order the Missouri Department of Social Services and the Missouri Department of Health and Senior Services, to cooperate to:

1. Transfer all the authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Missouri Rx Plan Advisory Commission from the Department of Health and Senior Services to the Department of Social Services; and
2. Develop mechanisms and processes necessary to effectively transfer the Missouri Rx Plan Advisory Commission to the Department of Social Services; and

3. Take the steps necessary to maintain compliance with federal requirements, so as not to jeopardize federal financial participation with this consolidation.

This Order shall become effective no sooner than August 28, 2006 unless disapproved within sixty days of its submission to the Second Regular Session of the 93rd General Assembly.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson on this 1st day of February, 2006.

A handwritten signature in black ink, reading "Matt Blunt", written over a horizontal line.

Matt Blunt
Governor

ATTEST:

A handwritten signature in black ink, reading "Robin Carnahan", written over a horizontal line.

Robin Carnahan
Secretary of State

EXECUTIVE ORDER

06-06

WHEREAS, the Missouri Office of Administration was created pursuant to Article IV, Section 12, of the Missouri Constitution and Chapter 37, RSMo; and

WHEREAS, the Department of Elementary and Secondary Education was authorized pursuant to Article IX of the Missouri Constitution and created pursuant to Section 161.020, RSMo; and

WHEREAS, Missouri is home to nearly one million persons with disabilities; and

WHEREAS, the Missouri Assistive Technology Advisory Council was established by Section 191.853, RSMo, and is currently assigned to the Office of Administration; and

WHEREAS, the Missouri Assistive Technology Advisory Council supports access to adaptive devices that increase the independence and productivity of Missourians with all types of disabilities; and

WHEREAS, the Missouri Assistive Technology Advisory Council provides training, technical assistance, and education and rehabilitation services for individuals with disabilities and employers; and

WHEREAS, the work of the Missouri Assistive Technology Advisory Council would be strengthened by a move to the Department of Elementary and Secondary Education where other vocational rehabilitation and special education services are provided; and

WHEREAS, the transfer of the Missouri Assistive Technology Advisory Council would better serve Missouri's citizens by increasing efficiencies and eliminating duplication of efforts and is a component of the Governor's Executive Branch Reorganization Plan of 2006; and

WHEREAS, I am committed to integrating executive branch operations to improve the way the state delivers services;

NOW, THEREFORE, I, MATT BLUNT, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the Laws of the State of Missouri, do hereby order the Missouri Office of Administration and the Missouri Department of Elementary and Secondary Education, to cooperate to:

1. Transfer all the authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Missouri Assistive Technology Advisory Council from the Office of Administration to the Department of Elementary and Secondary Education, by Type III transfer, as defined under the Reorganization Act of 1974; and
2. Develop mechanisms and processes necessary to effectively transfer the Missouri Assistive Technology Advisory Council to the Department of Elementary and Secondary Education; and

3. Take the steps necessary to maintain compliance with federal requirements, so as not to jeopardize federal financial participation with this consolidation.

This Executive Order rescinds certain provisions of Executive Order 04-08. Executive Order 04-08 shall remain effective as to all other provisions not specifically modified herein.

This Order shall become effective no sooner than August 28, 2006 unless disapproved within sixty days of its submission to the Second Regular Session of the 93rd General Assembly.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson on this 1st day of February, 2006.

A handwritten signature in black ink that reads "Matt Blunt". The signature is written in a cursive, flowing style.

Matt Blunt
Governor

ATTEST:

A handwritten signature in black ink that reads "Robin Carnahan". The signature is written in a cursive, flowing style.

Robin Carnahan
Secretary of State

**EXECUTIVE ORDER
06-07**

WHEREAS, the Missouri Office of Administration was authorized pursuant to Article IV, Section 12, of the Missouri Constitution and Chapter 37, RSMo; and

WHEREAS, the Department of Economic Development was authorized pursuant to Article IV, Section 12, of the Missouri Constitution and Chapter 620, RSMo; and

WHEREAS, the Missouri Life Sciences Research Board was created by section 196.1103, RSMo, and is currently assigned to the Office of Administration; and

WHEREAS, the Board is responsible for the management, governance, and control of moneys appropriated from the Life Sciences Research Trust Fund; and

WHEREAS, the Life Sciences Research Trust Fund was established to receive funds from the state's portion of the tobacco Master Settlement Agreement; and

WHEREAS, life sciences is a fast-emerging industry that is an integral part of Missouri's economy; and

WHEREAS, the work of the Missouri Life Sciences Research Board would be enhanced by a move to the Department of Economic Development where other state initiatives promoting life sciences in Missouri are located; and

WHEREAS, the transfer of the Missouri Life Sciences Research Board would better serve Missouri's citizens by increasing efficiencies and is a component of the Governor's Executive Branch Reorganization Plan of 2006; and

WHEREAS, I am committed to integrating executive branch operations to ensure that the state delivers quality services in the most accessible manner and at the lowest cost to taxpayers.

NOW, THEREFORE, I, MATT BLUNT, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the Laws of the State of Missouri, do hereby order the Missouri Office of Administration and the Missouri Department of Economic Development to cooperate to:

1. Transfer all the authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of Missouri Life Sciences Research Board from the Office of Administration to the Department of Economic Development, by Type III transfer, as defined under the Reorganization Act of 1974; and
2. Develop mechanisms and processes necessary to effectively transfer the Missouri Life Sciences Research Board to the Department of Economic Development; and
3. Transfer the responsibility for staff support for the Missouri Life Sciences Research Board from the Office of Administration to the Department of Economic Development; and

4. Take the steps necessary to maintain compliance with federal requirements, so as not to jeopardize federal financial participation with this consolidation.

This Order shall become effective no sooner than August 28, 2006 unless disapproved within sixty days of its submission to the Second Regular Session of the 93rd General Assembly.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson on this 1st day of February, 2006.

A handwritten signature in black ink, reading "Matt Blunt".

Matt Blunt
Governor

ATTEST:

A handwritten signature in black ink, reading "Robin Carnahan".

Robin Carnahan
Secretary of State

**EXECUTIVE ORDER
06-08**

WHEREAS, George Washington Carver was born into slavery near Diamond Grove, Missouri sometime between July 1861 and January 1864 and was a sickly baby, soon orphaned when his mother was abducted by slave-traders, and whose very survival beyond infancy defied the understanding and capabilities of the medical community at that time; and

WHEREAS, even absent a formal education, George Washington Carver's intellect and affinity for agriculture manifested themselves at an early age; and;

WHEREAS, at the age of 11, George Washington Carver informed his caretakers that he was going to move to Neosho so he could attend the school for African-American children and that he would find a place where he could sweep and wash clothes and do the other things in exchange for his board. He soon traveled to Neosho, alone, with nothing but the best of his rock collection, a clean shirt in a bundle slung over his shoulder, and a package of food under his arm; and

WHEREAS, by the end of 1876, George Washington Carver had learned everything the teacher at the school knew and everything in the books available to the school, and the teacher gave him a certificate of merit attesting to such fact; and

WHEREAS, George Washington Carver continued his education at various institutions in Kansas and Iowa, all the while taking whatever jobs allowed him to earn the money needed to continue his education, inspiring one professor to proclaim, "George Carver has come to us with a satchel full of poverty and a burning zeal to know everything"; and

WHEREAS, in 1896 Booker T. Washington pleaded with George Washington Carver to bring his intellect to Tuskegee Institute, which was founded by Washington to provide a college education for African-Americans. Booker T. Washington had come to realize that, since 85 percent of southern African-Americans were farmers, Tuskegee's greatest need was an Agricultural Department. George accepted, knowing that the work would be hard and the financial reward minimal; and

WHEREAS, George Washington Carver stressed to Tuskegee's students and the region's farmers that soil conservation through diversification of crops and crop rotation was the key to reviving soil that had become unproductive due to the long-term cultivation of cotton; and

WHEREAS, George Washington Carver advocated the use of legumes to replace minerals depleted from the soil by cotton-growing. He advised, "Plant peanuts. That'll keep the soil productive. And the boll weevils don't attack peanuts"; and

WHEREAS, solving the problem with unproductive soil resulted in an abundant peanut crop which could not be marketed profitably and for which there very little use or demand. George Washington Carver soon set about discovering nearly 300 valuable uses to which the peanut could be put and, during his lifetime, peanut crops developed an annual value of \$200 million; and

WHEREAS, George Washington Carver went on to develop various paint, dyes and medicinal treatments from peanuts, sweet potatoes and soybeans. He even developed a synthetic rubber, derived from goldenrod, for Henry Ford; and

WHEREAS, George Washington Carver steadfastly refused to accept an increase in his \$125/month salary at Tuskegee or offers of more lucrative positions, including one from Thomas Edison that reportedly paid \$100,000/year. He also declined to patent most of his discoveries believing that his intellect and industry were gifts from God that should be shared freely; and

WHEREAS, on July 14th, 1943, a mere six months after his death, George Washington Carver's birthplace near Diamond Grove was designated as a national monument; and

WHEREAS, George Washington Carver popularized agricultural extension programs at American universities; can be acknowledged as the father of modern plant science; and is recognized as one of the greatest scientific minds in American History; and

WHEREAS, George Washington Carver overcame enormous prejudice and poverty in his struggle from being identified merely as "Carver's George" to becoming the world renowned George Washington Carver, B.S., M.S., D.Sc., Ph.D., Fellow of the Royal Society of Arts, London, and Director of Research and Experiment at Tuskegee Institute, Alabama; and

WHEREAS, George Washington Carver accomplished all of his many great deeds without a trace of bitterness, with total indifference to personal fortune, and thought only to make the world, America in particular, a better place for all mankind; and

WHEREAS, George Washington Carver in his modesty once stated, "I am no great person. I am no great scientist. I have only been able to point the way in a few things. After me will come those who read and interpret the signs, the great of the world. I am only the trailblazer".

NOW THEREFORE, I, Matt Blunt, Governor of Missouri, by virtue and authority vested in me by the Constitution and laws of the state of Missouri, do hereby dedicate and name the state office building, located at 1616 Missouri Boulevard, Jefferson City, Missouri, in honor of George Washington Carver; a great Missourian; a great American; a true humanitarian and a trailblazer in the field of agricultural science, technology and philanthropy.

1616 Missouri Boulevard shall henceforth be known as the George Washington Carver - State Office Building.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 7th day of February, 2006.

A handwritten signature in black ink that reads "Matt Blunt". The signature is written in a cursive style with a large, prominent "M".

Matt Blunt
Governor

ATTEST:

A handwritten signature in black ink that reads "Robin Carnahan". The signature is written in a cursive style with a large, prominent "R".

Robin Carnahan
Secretary of State

EXECUTIVE ORDER**06-09**

WHEREAS, Executive Order 05-20, establishing the Homeland Security Advisory Council (the "Council"), was issued on July 21, 2005; and

WHEREAS, the Council was tasked with ensuring that proper homeland security plans and coordination are in place at the state and local level and that homeland security grant expenditures are done in a coordinated and efficient way; and

WHEREAS, Executive Order 05-20 provided that the Commission's work was to be completed by January 1, 2006, but that the Council could recommend that it continue some or all of its functions if authorized by the Governor; and

WHEREAS, the Chair of the Council has informed me that it has completed all the action items assigned to it by Executive Order 05-20, but that the Council should remain in existence to provide continuing guidance and assistance on homeland security issues and initiatives; and

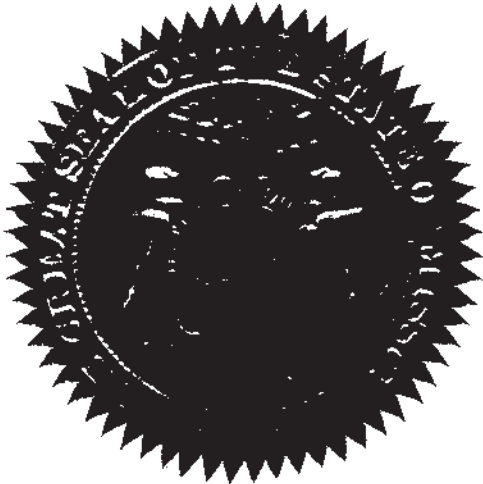
WHEREAS, it is also appropriate to update the structure of the homeland security function within the Department of Public Safety to reflect the current organization and operation.

NOW THEREFORE, I, Matt Blunt, Governor of the State of Missouri, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, hereby direct and order the following:

1. The Director of the Department of Public Safety is the Homeland Security Advisor to the Governor. To assist the Director, the Office of Homeland Security is established in the Department of Public Safety. The Director shall appoint a Homeland Security Coordinator to interact with and promote unity between federal, state and local agencies in implementing homeland security initiatives.
2. I hereby reauthorize the Homeland Security Advisory Council as a continuing advisory body. The Homeland Security Advisory Council membership shall continue as set out in Executive Order 05-20 except that the following members shall be added to the Council:
 - a. The Director of the Department of Mental Health; and
 - b. Any additional members appointed by the Governor.
3. The Council shall continue in existence unless abolished by future Executive Order. The additional duties and responsibilities of the Council shall be as follows:

- a. Produce an annual report due December 31 of each year highlighting the year's accomplishments and summarizing the homeland security grant funding activities; and
- b. Continue to create, develop and provide oversight to specific homeland security working groups and to dissolve such working groups when their missions are accomplished; and
- c. Work with and provide direction to regional homeland security oversight committees to establish strategies and priorities for Missouri homeland security grant funding programs and other homeland security initiatives; and
- d. Other duties as may be assigned from time to time by the Governor.

Executive Order 05-20 shall remain effective as to all other provisions not specifically modified herein.




IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 10th day of February, 2006.



Matt Blunt
Governor

ATTEST:



Robin Carnahan
Secretary of State

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbolology under the heading of the proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety (90)-day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

incorporated by reference and made a part of this rule, as published by the *Office of the Federal Register, National Archives and Records Administration, PO Box 371954, Pittsburgh, PA 15250-7954. The/ United States Superintendent of Documents, 732 N Capitol Street NW, Washington, DC 20402-0001, phone: toll-free (866) 512-1800; DC area (202) 512-1800, e-mail <http://bookstore.gpo.gov>. This rule does not incorporate any subsequent amendments or additions.*

(3) The standards used for humane slaughter of livestock shall be those shown in Title 7, Chapter 48, the *United States Code* (U.S.C.), herein incorporated by reference and made a part of this rule, as published by the United States Superintendent of Documents, 732 N Capitol Street NW, Washington, DC 20402-0001, phone: toll-free (866) 512-1800; DC area (202) 512-1800, e-mail <http://bookstore.gpo.gov>. This rule does not incorporate any subsequent amendments or additions.

AUTHORITY: section 265.020, RSMo 2000. Original rule filed Sept. 14, 2000, effective March 30, 2001. Amended: Filed Nov. 10, 2004, effective May 30, 2005. Amended: Filed Feb. 6, 2006.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Agriculture, Shane Brookshire, D.V.M., State Veterinarian, PO Box 630 Jefferson City, MO 65102, by facsimile at (573) 751-6919 or via e-mail at Shane.Brookshire@mda.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH

Division 50—Admission Criteria

Chapter 2—Mental Health Services

PROPOSED AMENDMENT

9 CSR 50-2.010 Admissions to Children's Supported Community Living Services. The department proposes to delete sections (8), (9) and (14); to amend the Purpose section and sections (1) through (6); and to both amend and renumber sections (8), (10), (11), (12), (13), (15) and (16); and to remove the forms that currently follow this rule in the *Code of State Regulations*.

PURPOSE: The revisions in this amendment clarify the method of doing business from a centralized approach to a decentralized approach. It clarifies that the department will no longer provide clinical services but has contracted those to community providers. The department will provide fiscal management and quality assurance oversight of service delivery.

PURPOSE: This rule prescribes admissions criteria, the application process and placement procedures for Children's Supported Community Living Services of the Division of Comprehensive Psychiatric Services.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

Title 2—DEPARTMENT OF AGRICULTURE

Division 30—Animal Health

Chapter 10—Food Safety and Meat Inspection

PROPOSED AMENDMENT

2 CSR 30-10.010 Inspection of Meat and Poultry. The director of the Department of Agriculture is amending section (2) and adding a new section (3).

*PURPOSE: This amendment to section (2) incorporates changes made to Title 9, the *Code of Federal Regulations* and the addition of section (3) incorporates the slaughter and handling of livestock as stated in Title 7, Chapter 48, *United States Code* (U.S.C.).*

(2) The standards used to inspect Missouri meat and poultry slaughter and processing shall be those shown in Part 300 to end of Title 9, the *Code of Federal Regulations* (January [2004] 2006), herein

expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Terms defined in sections 630.005 and 632.005, RSMo [are incorporated by reference in this rule] shall be used in the interpretation and enforcement of this rule. Unless the placement contract clearly requires otherwise, the following other terms, as used in this chapter, shall mean:

[(A) Applicant, a minor for whom placement services have been requested, in writing, including a person seeking readmission to Supported Community Living;

(B) Client, a minor placed under section 630.620, RSMo in any residential facility licensed or certified solely by the department or in conjunction with the Department of Social Services under Chapter 630, RSMo;]

(A) Administrative agent, contracted mental health provider of adult and children's services by the Division of Comprehensive Psychiatric Services (CPS) as defined in 9 CSR 25-2.005(2)(F).

(B) Acute, children and youth experiencing an acute psychiatric condition must have or can be given a DSM Axis I diagnosis, excepting an exclusive diagnosis of conduct disorder, mental retardation, developmental disability or substance abuse. The duration of an acute episode is not usually more than six (6) weeks. This may be extended for as long as the acute episode exists. In addition to the above one (1) or more of the following has to apply:

1. A danger to self or others, actively suicidal or actively homicidal due to a serious psychiatric disorder;

2. Acute psychotic episode in which the individual is responding to the environment in a manner that could place them or others at risk;

3. Out of control behavior/impulses that seriously impact family and social relationships and/or daily functioning due to a serious psychiatric disorder;

4. Acute crisis related to a stress disorder, i.e., flashbacks, severe nightmares, night terrors, and/or extreme anxiety that severely impairs daily functioning.

(C) [DSM IV,] DSM-IV-TR, *Diagnostic and Statistical Manual of Mental Disorders*, [(Fourth Edition) of the] Fourth Edition, Text Revision, (2000), by the American Psychiatric Association, 1400 K Street NW, Washington, DC 20005, which is incorporated herein by reference. This rule does not incorporate any subsequent amendment or additions.

[(E)] (D) Minor, any person under the age of eighteen (18) years; and].

[(D)] (E) Regional Supported Community Living, [an office which is responsible for the regional placement program and services and is the entry and exit for regional placement services and funding;] the Department of Mental Health (DMH) regional placement office responsible for fiscal oversight and contract compliance for children in residential placement.

[(F) Patient, an individual under observation, care, treatment or rehabilitation by any hospital or other mental health facility pursuant to the provisions of Chapter 632, RSMo.]

(2) [Application for placement shall be made by the applicant's parents, the applicant's guardian, a court of competent jurisdiction, or a state or private agency.] A request for placement shall be made by the minor's parents or guardian.

(3) [An applicant] A minor shall meet all of the following admission criteria to be eligible for Children's Supported Community Living services from the Division of Comprehensive Psychiatric Services:

(A) Be under the age of eighteen (18); and

(B) [Have received a DSM IV Axis I primary diagnosis of mental disorder or mental illness; may have a secondary

diagnosis of alcohol abuse, substance abuse or mental retardation; and] Meet the Serious Emotional Disorder (SED) criteria per checklist approved by CPS or the criteria for Comprehensive Psychiatric Rehabilitation and/or Targeted Case Management Program; and

[(C) Have, based upon sufficient documentation, a mental disorder or mental illness which constitutes substantial impairment in social role functioning and daily living skills to the extent that the client cannot function successfully outside a mental health facility without services. This substantial impairment may include, but not be limited to, the following behavioral characteristics:

1. Substantial impairment in impulse control and judgment in daily living skills;

2. History of aggressive/assaultive behaviors or self-abusive behaviors based on psychological disability;

3. Dysfunctional in school, home, community or a combination of these as a result of a mental disorder or mental illness to the extent that family and available community resources are not able to meet needs; and

4. Evidence of failure in less restrictive treatment environments.]

(C) Be currently receiving services from the administrative agent.

(4) [Department placement staff] A minor shall be considered [an applicant] ineligible for Supported Community Living services from the Division of Comprehensive Psychiatric Services if—

(C) [Impulses to harm self or others are not under control according to clinical judgment;] The minor's immediate presenting symptoms meet the DMH/CPS acute definition or the minor's impulses to harm self or others require a more restrictive level of care according to clinical judgment;

(D) [It has been] The administrative agent has established that appropriate services are [otherwise] available through alternative resources; or

(E) The application is submitted solely for the purpose of securing [residential] an educational placement for a school-aged child as defined in Chapter 162, RSMo to receive an appropriate education; or].

[(F) Child's symptoms meet acute definition.]

(5) [Supported Community Living offices or designee shall screen applicants for placement services to determine appropriateness of the referral, eligibility for services and placement need, if any. The Supported Community Living office may request additional information as necessary.] The administrative agent shall complete a full face-to-face assessment to determine the appropriate level of care. The assessment shall include the most current information pertaining to the child's cognitive functioning, Intelligence Quotient (IQ) level, psychosocial history, family functioning, diagnosis and the child's current psychiatric status.

(6) If the [Supported Community Living office] administrative agent makes a preliminary decision to accept a referral, it shall [obtain the following referral materials] be responsible for the following activities:

[(A) A comprehensive multidisciplinary evaluation including a psychosocial history, psychiatric evaluation/diagnosis, psychological evaluation/testing, performed within the past six (6) months; and information about the intellectual cognitive functioning of the youth;

(B) The psychiatric assessment (an evaluation which includes diagnosis shall be done by a psychiatrist or licensed clinical psychologist designated by the department);

(C) Current physical examination performed within the past ninety (90) days, laboratory tests and X-rays as ordered by physician;

(D) Background information which includes the youth's level of functioning including successes and failures in the school, home and community as well as in other placements;

(E) Any special procedures done in the diagnosis process or any special needs of the client;

(F) Information on medicines, allergies or other medical conditions;

(G) Information on legal status, including copies of guardianship, circuit or civil detention orders, if applicable;

(H) Completed and signed standard means test, 9 CSR 10-31.011;

(I) Achenbach Child Behavior Checklist;

(J) DMH Form 8311, Application for Supported Community Living Services for Minors; and

(K) Other demographic and pertinent information.]

(A) Obtaining the following materials for the clinical record:

1. An evaluation noting diagnosis, IQ testing, psychosocial history, level of functioning and recommendation of level of care within the past six (6) months, performed by the administrative agent mental health professional;

2. Educational evaluation/school records/IEP and/or cumulative record and diagnostic summary;

3. Immunization record;

4. Physical examination performed within the past six (6) months, laboratory tests and X-rays as ordered by a physician, or the annual Healthy Children and Youth (HCY) exam with a nursing assessment if the HCY exam is over six (6) months; and

5. Documentation of legal guardianship or copy of birth certificate, divorce decree or court order verifying custody.

(B) Sending the following information to the Supported Community Living Services Office to request supported community living services:

1. Information stating the family has been properly notified of the privacy of the information supplied in their request for supported community living services.

2. Information stating the family financial status has been reviewed in accordance with DMH policy and has received information as to their cost for supported community living services.

3. Information with demographic information for input into the DMH data system for tracking purposes.

4. Information that states that the parent or guardian agrees and consents to the receipt of supported community living services.

[(7) Within five (5) working days after receipt of the referral information, the Supported Community Living office shall mail the applicant a report or overview on the status of the application, including a list of the items missing. Within fourteen (14) working days after receipt of the complete referral information, the Supported Community Living office shall indicate the disposition of the referral, in writing, by registered/certified mail, return receipt requested. If the applicant does not meet criteria for acceptance, the department, in the registered/certified letter, shall notify the agency or person who made application for the applicant of—

(A) The reasons for rejection;

(B) The deadline for appealing the decision;

(C) The name, address and telephone number of the person to whom the appeal should be directed; and

(D) The name, address and telephone number of a Department of Mental Health staff person who is qualified to provide information about the services offered by the Division of Comprehensive Psychiatric Services.]

[(8) (7) Appeals. [If the agency or person making application for the applicant disagrees with the rejection s/he may appeal, in writing, within thirty (30) days after receipt of the notice to the children's area director. Within fifteen (15) days of receiving the appeal, the Children's Area Director shall

review the applicant's referral materials along with a copy of the rejection letter and shall notify the applicant and the agency or person who made application for the applicant, in writing, by registered/certified letter of his/her decision on the appeal. If the agency or person making application disagrees with the decision of the head of the department's mental health facility, s/he may appeal, in writing, within fifteen (15) days of receipt of the decision to the Children and Youth Services director. The children and youth director shall review the applicant's referral materials along with a copy of the rejection letter and notify the applicant and the agency or person making application, in writing by certified/registered letter, of his/her decision on the appeal within fifteen (15) days of its receipt. The decision of the children and youth director shall be final.] If placement is denied, the parent or guardian of the minor may appeal to the administrative agent within thirty (30) working days. The administrative agent shall respond in writing to the appeal within fifteen (15) working days. If the appeal is denied, the parent or guardian may appeal to the area director for children and youth services within fifteen (15) working days. The area director for children and youth services shall respond to the parent or guardian within fifteen (15) working days of receipt of the request to appeal. The decision of the area director for children and youth services on behalf of the department is final.

[(9) If the decision is to accept the applicant into the Supported Community Living Program, Supported Community Living office staff shall follow departmental procedures for client admission.]

[(10)] (8) Before placing any [person] minor in the Supported Community Living [Program] Services, the [department] administrative agent shall consider each of the following:

(A) The [B/]best interest of the [patient or resident] minor and family;

(B) The [L/]least restrictive environment for care and treatment consistent with needs and conditions of the [patient or resident] minor and family;

(C) Ability to provide necessary care and treatment for the [patient or resident] minor and family which is of comparable quality to existing care and treatment based upon investigation of the alternative [facility and its] program of care and treatment; and

(D) The [R/]relationship of the [patient or resident] minor to their family, guardian or friends so as to maintain cultural and emotional relationships and encourage visits beneficial to the [patient or resident] minor.

[(11)] (9) The [Supported Community Living office staff] administrative agent shall notify the [agency or person making application, in writing] parent or guardian requesting placement, to schedule a [special staffing with applicant] Family Support Team meeting, when clinically indicated, with the parent or guardian and other interested/responsible persons to determine all appropriate placement resources and to designate responsibility for procuring and making the placement.

[(12)] (10) [Supported Community Living/designee staff] The administrative agent shall obtain appropriate releases of referral information signed by parent or guardian. The referral information shall include appropriate psychiatric, medical and social information. The referral information shall [also] include[.] the application packet provided by the administrative agent.

[(A) Treatment needs, including strengths and weaknesses; and

(B) Legal status.]

[(13)] (11) The proposed Supported Community Living vendor (DMH/CPS contracted residential facility) shall indicate

acceptance or rejection to the *[regional placement office,] administrative agent*, which shall document that response in the client file and inform the agency or person making application of the response.

[(14) Consent for Placement.

(A) If the applicant is a minor or has a legal guardian, the department shall obtain consent of the parent or guardian before placement.

(B) If the applicant is an involuntary patient/client under Chapter 211 or 632, RSMo, the department shall notify the court of competent jurisdiction of the proposed placement and allow ten (10) working days for the court to object.

(C) For patients committed under Chapter 552, RSMo, the department shall follow procedures set out in section 552.040, RSMo for obtaining conditional release and subsequent placement.

(D) If a patient in a mental health facility, his/her parent, if s/he is a minor, or his/her legal guardian refuses to consent to the proposed placement, the department shall follow the procedure set out in section 630.635, RSMo.]

[(15)] (12) Funding will be approved by the [area director, Children's Services, or designee] administrative agent for an applicant based on: [the—]

(A) [Applicant's] The minor's acceptance by a proposed Supported Community Living vendor; [and]

[(B) Availability of funds.]

(B) The out-of-home placement is determined to be clinically appropriate and the least restrictive treatment intervention by the administrative agent; and

(C) The availability of funds.

[(16)] (13) Applicants for whom placement is being sought [will], but funding is not readily available, shall have their names placed on a list of those eligible for funding. Their status [will] shall be reviewed weekly by [Supported Community Living office staff. Area directors will determine priorities for funding allocations within their regions] the administrative agent.

AUTHORITY: sections 630.050 and 630.705, RSMo [1994] 2000. Original rule filed Feb. 29, 1988, effective July 25, 1988. Amended: Filed March 30, 1992, effective Jan. 15, 1993. Amended: Filed July 17, 1995, effective March 30, 1996. Amended: Filed Jan. 31, 2006.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Mental Health, Attn: Dora Cole, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty (30) days after publication in the Missouri Register. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 50—Admission Criteria
Chapter 2—Mental Health Services**

PROPOSED AMENDMENT

9 CSR 50-2.020 Guidelines for Conditional Release. The department proposes to amend sections (1) through (10).

PURPOSE: The purpose of this amendment is to bring the rule up to date with actual practice recognizing that mental health coordinators are no longer employed by the department.

PURPOSE: This rule sets guidelines for implementation of [House Bill 971,] section 632.385, RSMo and applies to all department facilities and private mental health facilities certified by the Division of Comprehensive Psychiatric Services to provide outpatient treatment.

(1) The head of a mental health facility or designee may conditionally release a *[patient] client* who is involuntarily detained pursuant to Chapter 632, RSMo for twenty-one (21) days, ninety (90) days or one (1) year, for a period[, not to exceed one (1) year, under written conditions provided by the facility. The facility shall have a continuing responsibility to assist the client in following the written conditions and, as provided in section (6) of this rule, may revoke the *[patient's] client's* conditional release and return the *[patient] client* to the facility for further inpatient treatment.

(2) The head of the facility or designee shall develop written conditions for the *[patient's] client's* release. These conditions may include, but are not limited to, the following:

(A) Where the *[patient] client* will reside;

(B) What medications the *[patient] client* must take to treat the mental illness;

(C) When and where the *[patient] client* will receive required psychotherapy, day treatment, *[community placement] supported community living services* or other required care and treatment necessary to continue the *[patient] client* on conditional release;

(D) Which behaviors the *[patient] client* is expected to exhibit or avoid; and

(E) Any other conditions necessary for the *[patient] client* to comply with to reasonably assure success.

(3) The *[patient] client*, the head of the facility or designee and the persons providing services to the *[patient] client* while on conditional release shall agree to the conditions of the release agreement.

(4) The head of the releasing facility or designee may modify the *[patient's] client's* conditions for release when s/he believes that these changes are in the best interest of the *[patient] client*. Suggested modifications to the conditional release agreement may be made to the head of the releasing facility or designee by the *[patient] client* or the persons providing services. Any modifications shall be given to the *[patient] client* in writing and as required in sections (3) and (5) of this rule.

(5) The signed conditional release shall be filed by the head of the facility or designee with the probate division of the circuit court that committed the *[patient] client*. Copies of the conditional release shall be given to—

(A) The *[patient] client*;

(B) The facility that conditionally released the *[patient] client*;

[(D) The mental health coordinator;]

[(E)] (D) The [patient's] client's last attorney of record; and

[(F)] (E) The prosecuting attorney, county counselor or circuit attorney, as appropriate.

(6) If the *[patient] client* violates one (1) or more conditions of the release, the head of the facility or designee that conditionally released the *[patient] client* shall be notified. After review the head of the facility or designee may revoke the *[patient] client* conditional release and return the *[patient] client* to the hospital if there is reason to believe that—

(A) The *[patient] client* has violated one (1) or more of the conditions of release;

(B) The *[patient]* client requires resumption of full-time hospitalization; or

(C) The safety of the *[patient]* client or public may be in jeopardy if the *[patient]* client is not hospitalized.

(7) If a decision to revoke the *[patient's]* client's conditional release is made by the head of the facility or designee, s/he shall notify and give written notice as to the conditions that were violated, how they were violated and reasons for returning the *[patient]* client to inpatient hospitalization within ninety-six (96) hours of the *[patient's]* client's return to the mental health facility to the following:

(A) The *[patient]* client;

[(D)] *The mental health coordinator;*

[(E)] (D) The *[patient's]* client's last attorney of record; and

[(F)] (E) The prosecuting attorney, county counselor or circuit attorney, as appropriate.

(8) If, after given notice, the *[patient]* client refuses to return to the facility, the head of the facility or designee may take the written notice to the probate division of the circuit court where the conditional release was filed and request that the probate division of the circuit court issue a warrant for the *[patient's]* client's apprehension and return to the facility. The court may consider the request on an *ex parte* basis. Any court costs related to revocation shall be paid as provided in section 632.415, RSMo.

(9) When the *[patient]* client is returned to the facility, the head of the facility or designee shall give written notification to the *[patient]* client that if the *[patient]* client disagrees with the revocation that the *[patient]* client may ask the court to hold a hearing on the matter. Upon readmission to the facility, the *[patient]* client shall be given notice of his/her commitment rights as if s/he were detained for the initial ninety-six (96)-hour period and be given the name and phone number of his/her attorney who represented him/her in the last commitment hearing. The attorney who represented the *[patient]* client on the last commitment hearing shall continue to be the attorney of record unless the *[patient]* client has obtained other legal counsel. If the attorney of record is unable to represent the *[patient]* client, a new attorney shall be designated by the facility from the list of attorneys. *[The mental health coordinator shall be given notice as to the patient's revocation and return to inpatient hospitalization.]*

(10) The period of inpatient hospitalization shall not exceed the period of time left on the previous commitment without further hearings for the next appropriate period of commitment. The head of the facility placing the *[patient]* client on conditional release shall keep adequate records to assure that the *[patient]* client is not involuntarily treated as an inpatient for a longer period than necessary while on conditional release.

AUTHORITY: section 630.050, RSMo [1986] 2000. Original rule filed Aug. 4, 1988, effective Jan. 13, 1989. Amended: Filed Jan. 31, 2006.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Mental Health, Attn: Dora Cole, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must

be received within thirty (30) days after publication in the *Missouri Register*. No public hearing is scheduled.

Title 9—DEPARTMENT OF MENTAL HEALTH Division 50—Admission Criteria Chapter 2—Mental Health Services

PROPOSED AMENDMENT

9 CSR 50-2.510 Admissions to Adult Placement Program. The department proposes to amend sections (1) and (4)–(15) and add a new section (16).

PURPOSE: The revisions under this amendment reflect a change in administering this service and program. The department will fiscally administer and monitor for quality of services while contracted providers will be responsible for the clinical aspect of the service.

(1) Terms defined in sections 630.005 and 632.005, RSMo *[are incorporated by reference in this rule]* shall be used in the interpretation and enforcement of this rule. Unless the residential services contract clearly requires otherwise, the following other terms, as used in this chapter, shall mean:

(A) Administrative agents, contracted mental health provider of adult and children's services by the Division of Comprehensive Psychiatric Services as defined in 9 CSR 25-2.005(2)(F).

(B) Affiliate, an organization linked to the department through operation of a certified community psychiatric rehabilitation center (CPRC) and/or a contract with one (1) or more administrative agents.

[(A)] (C) Applicant, a person for whom placement services have been requested in writing, including a person seeking readmission to the community placement program/;

[(B)] (D) Client, a person placed under section 630.620, RSMo in any residential facility licensed or certified solely by the department or in conjunction with the Department of Social Services under Chapter 630, RSMo.

[(C)] (E) *[DSM IV,] DSM-IV-TR, Diagnostic and Statistical Manual of Mental Disorders, [(Fourth Edition) of the] Fourth Edition, Text Revision, (2000), by the American Psychiatric Association, 1400 K Street NW, Washington, DC 20005, which is incorporated herein by reference. This rule does not incorporate any subsequent amendment or additions.*

[(D)] (F) Forensic client, a person who is a client of the Division of Comprehensive Psychiatric Services pursuant to Chapter 552, RSMo; and/.

[(E)] (G) *[Regional Placement Program, an area Supported Community Living (SCL) office] Supported Community Living (SCL), offices* subject to supervision by the division director or any other entity designated by the division director with responsibility for the regional placement program and services.

(4) An applicant who does not meet the criteria of section (2) or (3) shall meet all of the following admission criteria to be eligible for adult placement services from the Division of Comprehensive Psychiatric Services:

(B) Have a *[currently valid DSM-IV Axis I diagnosis limited to one (1) of the following list of mental disorders:] current diagnosis that qualifies for the Comprehensive Psychiatric Rehabilitation Program under the DSM-IV-TR.*

1. Schizophrenic disorder (295.10, 295.20, 295.30, 295.60 or 205.90);

2. Delusional (paranoid) disorder (297.1X);

3. Schizoaffective disorder (295.70);

4. Bipolar disorder (296.XX);

5. Atypical psychosis (298.9X);

6. *Major depression, recurrent (296.3X);*
7. *Obsessive compulsive disorder (300.30);*
8. *Post-traumatic stress disorder (309.81);*
9. *Borderline personality disorder (301.83);*
10. *Dissociative identity disorder (300.14);*
11. *Generalized anxiety disorder (300.02); or*
12. *Panic disorder with agoraphobia, agoraphobia without history of panic disorder and social phobia (300.21, 300.22 or 300.23); and/*

(C) Based upon sufficient documentation, have a mental disorder *[which]* that constitutes substantial impairment in social role functioning and daily living skills to the extent that, based upon the *[department's]* **administrative agent/affiliate's** clinical judgment, the client cannot function successfully outside a mental health facility without placement services. Substantial impairment may include, but not be limited to, the following behavioral characteristics:

1. Substantial need for mental health treatment and social services;
2. History of inability or unwillingness to comply with treatment plans, including taking medications;
3. Inadequate living skills to provide for basic necessities of food, clothing, shelter, safety, personal and health care without assistance;
4. Poor social skills, which may be exhibited in aggressive or withdrawn behavior;
5. Frequent personal crises requiring emergency treatment or support and assistance;
6. Inability to effectively access community services;
7. Lack of a personal support system (for example, family or friends) to assist in accessing services; and
8. Inability to sustain employment.

(5) *[Department placement]* **Administrative agent/affiliates** staff shall consider an applicant ineligible for placement services from the Division of Comprehensive Psychiatric Services if—

(6) *[Regional placement programs]* **Administrative agents/affiliates** shall screen applicants for placement services to determine the following: appropriateness of the referral, eligibility for services and placement need, if any. The referring agency or person shall provide a preliminary screening information summary on a form designated by the regional placement program. The regional placement program may request additional information as necessary. *[Regional placement programs]* **Administrative agents/affiliates** shall conduct screenings in appropriate settings.

(7) If the *[regional placement program]* **administrative agent/affiliate** makes a preliminary decision to accept a referral, it shall obtain the following materials:

[(A) Psychiatric assessment (an evaluation which includes diagnosis);]

[(B)] (A) Current physical examination, **if available**, necessary laboratory tests and X-rays **as indicated**; and

[(C) Background information and social history;

(D) Any special procedures done in the diagnosis process or any special needs of the client, such as diet, information on medicines, allergies or other medical conditions; and

(E) Copies of guardianship, circuit or civil detention orders, conditional release order, if applicable.]

(B) **Additional information as necessary to verify eligibility.**

(8) Within fourteen (14) working days after receipt of the referral information, the *[regional placement program]* **administrative agent/affiliate** shall indicate the disposition of the referral in writing.

(A) If the applicant does not meet criteria for acceptance, the *[department]* **administrative agent/affiliate** shall notify the referring agency or applicant by *[registered]* **certified** mail, return

receipt requested, of the reasons for rejection, including in the notice information on the deadline for appealing the decision and to whom the appeal is to be sent.

1. If the applicant disagrees with the rejection, s/he may appeal in writing within thirty (30) days after receipt of the notice and may request to meet with the head of the mental health facility to present his/her case in person as well as in writing.

2. If the referring agency disagrees with the rejection, it may appeal in writing within thirty (30) days after receipt of the notice.

3. Appeals shall be addressed to the head of the department's mental health facility.

4. Within thirty (30) days of receiving the appeal, the head of the facility shall notify the applicant and the referring agency or person in writing of his/her decision on the appeal.

5. If the referring agency or applicant disagrees with the decision of the head of the department's mental health facility, s/he may appeal in writing within fifteen (15) days of receipt of the decision to the director of the Division of Comprehensive Psychiatric Services.

6. The division director shall notify the applicant and the referring agency or person in writing of his/her decision on the appeal within thirty (30) days of its receipt. The decision of the division director shall be final.

(B) If the applicant meets criteria for placement services **based upon the clinical judgement of the administrative agent/affiliate**, the *[department]* **administrative agent/affiliate** shall notify the referring agency or applicant of tentative placement plans.

(9) If the decision is to accept the applicant into the placement program, *[placement]* **administrative agent/affiliate** staff shall follow department procedures for client admission.

(10) Before placing any person in a residential facility or program, the *[department]* **administrative agent/affiliate** shall consider each of the following:

(A) The choices and requests of the *[patient or resident]* **client**;

(B) Least restrictive environment for care and treatment consistent with needs and conditions of the *[patient or resident]* **client**;

(C) Ability of the facility or program to provide necessary care and treatment for the *[patient or resident]* **client**; and

(D) Relationship of the *[patient or resident]* **client** to family, guardian or friends so as to maintain relationships and encourage visits beneficial to the *[patient or resident]* **client**.

(11) *[Regional placement program]* **The administrative agent/affiliate** staff shall consider a variety of placement options consistent with an individual client's clinical needs. When a proposed residential facility or program is determined appropriate, the *[regional placement program]* **administrative agent/affiliate** shall provide to the following persons written reasons that the proposed placement is appropriate under section 630.615, RSMo:

(A) The *[patient or resident]* **client**;

(B) A parent, if the *[patient or resident]* **client** is a minor;

(C) The legal guardian; and

[(D) The referring court, state, private agency or facility; and]

[(E)] (D) The *[patient's or resident's]* **client's** next of kin **if applicable and with appropriate release of information.**

(12) *[Regional placement program]* **The administrative agent/affiliate** staff shall obtain appropriate releases of referral information signed by the *[patient or resident]* **client**, his/her parent, if a minor, or guardian. The *[placement staff]* **administrative agent/affiliate staff** shall submit the referral information to the proposed residential facility or program. The referral information shall include appropriate psychiatric, medical and social information. The referral information shall also include:

(13) The proposed residential facility or program shall indicate acceptance or rejection to the [regional placement office] **administrative agent/affiliate** which shall document that response in the client file and inform the referring party of the response. If the [patient or resident] **client** is competent to give informed consent, the [department] **administrative agent/affiliate** shall allow ten (10) working days to obtain his/her consent before making a placement. If the [patient or resident] **client** is a minor or has a legal guardian, the [department] **administrative agent/affiliate** shall obtain consent of the parent or guardian before placement. If the [patient or resident] **client** is an involuntary [patient or resident] **client** under Chapter 211 or 632, RSMo, the [department] **administrative agent/affiliate** shall notify the court of competent jurisdiction of the proposed placement and allow ten (10) working days for the court to object. For [patients or residents] **clients** committed under Chapter 552, RSMo, the department shall follow procedures set out in section 552.040, RSMo for obtaining conditional release and subsequent placement. If a [patient] **client** in a mental health facility, his/her parent, if s/he is a minor, or his/her legal guardian refuses to consent to the proposed placement, the [department] **administrative agent/affiliate** shall follow the procedure set out in section 630.635, RSMo.

(14) At the time of placement, the [department] **administrative agent/affiliate** shall include the following information in the residential facility placement packet, which shall accompany the client:

- (A) Psychiatric evaluation;
- (B) Psychological evaluation, if applicable;
- (C) Social history and assessment;
- (D) Initial treatment plan;
- (E) A statement of financial resources;
- (F) Name of guardian, if applicable;
- (G) Commitment status;
- (H) Medical evaluation, including current physical examination, diet, medication and special problems or needs;
- (I) Burial plan information; and
- (J) Discharge plan, if from an inpatient setting.]
- (A) Social history and assessment, if available; and
- (B) Medical evaluation, if available, including current physical examination, diet, medication and special problems or needs.

(15) At the time of placement [T/the [department also] **administrative agent/affiliate** shall provide [the following items, which shall accompany the client at the time of placement:] a fourteen (14)-day supply of the client's prescription medication, unless less is requested by the placement facility, or the written prescription(s).

- (A) Prescriptions for, or a fourteen (14)-day supply of, medication;
- (B) Initial personal spending monies, if available; and
- (C) Sufficient and appropriate clothing and personal items.]

(16) The **administrative agent/affiliate** shall notify the supported community living office of the placement date.

AUTHORITY: section 630.050, RSMo [1994] 2000. Original rule filed July 3, 1986, effective Dec. 15, 1986. Amended: Filed July 17, 1995, effective March 30, 1996. Amended: Filed Jan. 31, 2006.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Mental Health, Attn: Dora Cole, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty (30) days after publication in the *Missouri Register*. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES

Division 70—Division of Medical Services

Chapter 6—Emergency Ambulance Program

PROPOSED RULE

13 CSR 70-6.010 Emergency Ambulance Program

PURPOSE: This rule establishes the regulatory basis for the administration of the emergency ambulance program. This rule provides for such methods and procedures relating to the utilization of, and the payment for, care and services available under the Medicaid program as may be necessary to safeguard against unnecessary utilization of such care and services and to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area. Specific details of provider participation, criteria and methodology for provider reimbursement, recipient eligibility, and amount, duration and scope of services covered are included in the ambulance program manual, which is incorporated by reference in this rule and available at the website.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Administration. The Missouri Medicaid ambulance program shall be administered by the Department of Social Services, Division of Medical Services. The ambulance program services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the Division of Medical Services and shall be included in the ambulance program provider manual, which is incorporated by reference in this rule and made part of this rule as published by the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109, at its website at www.dss.mo.gov/dms, February 10, 2006. This rule does not incorporate any subsequent amendments or additions.

(2) Eligible Providers. To be eligible for participation in Missouri Medicaid, the following requirements shall be met:

(A) Ground Ambulance.

1. The provider must be licensed by the Missouri Department of Health and Senior Services if located in Missouri or licensed by the state regulating authority if located outside the state of Missouri.

2. The provider must be certified to participate in the Title XVIII Medicare program and have a signed and accepted Participation Agreement in effect with the Missouri Department of Social Services, Division of Medical Services; and

(B) Air Ambulance. Air ambulance is defined as any privately or publicly owned conventional air service, rotary wing specially designed, constructed or modified, maintained or equipped with the

intent to be used for the transportation of patients as defined in Federal Aviation Regulations, Part 135.

1. The air ambulance provider must have a current valid air ambulance license, be licensed by the state regulating authority if located outside of Missouri, have submitted a copy of the current Federal Aviation Regulations, Part 135, (FFA) Air Carrier Certificate issued by the United States Department of Transportation.

2. The air ambulance provider must have a signed and accepted Participation Agreement for the air ambulance program in effect with the Missouri Department of Social Services, Division of Medical Services.

(3) Recipient Eligibility. The ambulance provider must ascertain the patient's Medicaid status before billing for services. The recipient's Medicaid/MC+ eligibility is determined by the Family Support Division. The recipient must be eligible for Medicaid on the date that a service is provided in order for a provider to receive Medicaid reimbursement. It is the provider's responsibility to determine the coverage benefits for a recipient based on their type of assistance as outlined in the ambulance program manual. The recipient's eligibility shall be verified in accordance with methodology outlined in the ambulance program manual.

(4) Prior Authorization. Emergency ambulance services do not require prior authorization. All non-emergency, Medicaid covered services that are to be performed or furnished out-of-state for eligible Missouri Medicaid recipients and for which Missouri Medicaid is to be billed, must be prior authorized before the out-of-state services are provided. A prior authorization is not required for out-of-state emergency services.

(5) Services Covered and Service Limitations. The Medicaid ambulance manual shall provide the detailed listing of procedure codes and pricing information covered by the Missouri Medicaid ambulance program.

(A) Ambulance services are covered if they are emergency services and transportation is made to the nearest appropriate hospital.

(B) Emergency services are services required when there is a sudden or unforeseen situation or occurrence or a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Nearest appropriate hospital is the hospital that is equipped and staffed to provide the needed care for the illness or injury involved. Medicaid does not allow transportation to a more distant hospital solely to avail a patient of the services of a specific physician or family or personal preference when considering the nearest appropriate facility.

(C) Exceptions to Emergency Services.

1. Missouri Medicaid covers medically necessary ambulance services for recipients under twenty-one (21) years of age through the Healthy Children and Youth (EPSDT/HCY) program. The Omnibus Budget Reconciliation Act of 1989 (OBRA 89) expanded medically necessary services for children under the age of twenty-one (21) through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, also known as the Healthy Children and Youth (HCY) program. Transport by ambulance is covered if it is medically necessary and any other method of transportation would endanger the child's health.

2. Transportation to and from one hospital to another and return for specialized testing and/or treatment is covered.

3. Medicaid covers transportation from the point of pickup to two (2) different hospitals made on the same day by the same ambulance provider when it is medically necessary.

4. Ground ambulance transfers of patients from one hospital to another hospital to receive medically necessary inpatient services not

available at the first facility shall be covered by Missouri Medicaid. Hospital transfers shall be covered when the patient has been stabilized at the first hospital, but needs a higher level of care available only at the second hospital.

(D) Missouri Medicaid covers emergency air ambulance only when transportation by ground ambulance is contraindicated and when the patient's medical condition is such that immediate and rapid ambulance transportation is essential and cannot be provided by ground ambulance, great distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities, the patient's medical condition is such that the time needed to transport by land, or the instability of transportation by land poses a threat to the patient's survival or seriously endangers the patient's health, the point of pickup is inaccessible by land vehicle, and all other Medicaid requirements for coverage are met.

(6) Services Not Covered.

(A) Ground Ambulance. The following services are not covered under the ground ambulance program:

1. Ambulance transportation to a physician's office, a dentist's office, a nursing home, or a patient's home except for recipients under twenty-one (21) (except ME codes 76-79) through the EPSDT/HCY program;

2. Ambulance services to a hospital for the first stage of labor;

3. Non-emergency ambulance trips are not covered with the exceptions of those services listed above;

4. If a recipient is pronounced dead before the ambulance is called, no Medicaid payment is made; or

5. Ancillary services and supplies are not covered when the patient is not transported.

(B) Air Ambulance. The following services are not covered under the air ambulance program:

1. Air ambulance trip for the patient's personal preference;

2. Patient not transported to the nearest hospital with appropriate facilities;

3. Transports by fixed-wing aircraft;

4. Ambulance trips ordered by the Veteran's Administration Hospital;

5. Transport of medical team (or other medical professionals) to meet a patient;

6. Ground mileage;

7. Transport to a facility that is not an acute care hospital, such as a nursing facility or physician's office;

8. If a recipient is pronounced dead before the air ambulance is called; or

9. Ancillary services and supplies are not covered when the patient is not transported.

(C) When individuals are transported by ambulance to an emergency room and are subsequently treated and released without admission to the hospital, the return trip is not covered under the emergency ambulance program.

(7) General Regulations. General regulations of the Missouri Medicaid program apply to the ambulance program.

(8) Reimbursement. Payment will be made in accordance with the fee per unit of service as defined and determined by the Division of Medical Services. Providers must bill their usual and customary charge for ambulance services. Reimbursement will not exceed the lesser of the maximum allowed or the provider's billed charges. Ambulance program services are only payable to the enrolled, eligible, participating provider. The Medicaid program cannot reimburse for services performed by non-enrolled providers.

(9) Other Source Payment. The Medicaid payment for ambulance services cannot duplicate or replace benefits available to the recipient from any other source, public or private. A settlement received from private insurance or litigation as the result of an accident must

be used toward payment of the ambulance bill. Medicaid shall be the last source of payment on any claim. Any payment received from a private insurance carrier or other acceptable source shall be listed on the claim form. If the settlement received is equal to or exceeds the fee that could be allowed by Medicaid, no payment shall be made by Medicaid.

(10) Documentation Requirements for Emergency Ambulance Program. All services must be adequately documented in the medical record. Adequate documentation means documentation from which services rendered and the amount of reimbursement received by a provider can be readily discerned and verified with reasonable certainty. Documentation includes the Missouri Ambulance Reporting Form (trip ticket). In addition to the above documentation requirements, each licensee of an air ambulance must maintain accurate records that contain information concerning the air transportation of each patient. The patient record shall be maintained and shall accurately document the patient care rendered by the medical flight crew and the disposition of the patient at the receiving facility. The documentation of the emergency air ambulance flight record (trip ticket) must contain a description of the patient's medical condition with sufficient detail to demonstrate the need for emergency air ambulance.

(11) Records Retention. The enrolled Medicaid ambulance provider shall agree to keep any records necessary to disclose the extent of services the provider furnishes to recipients. These records must be retained for five (5) years from the date of service. Fiscal and medical records coincide with and fully document services billed to the Medicaid agency. Providers must furnish or make the records available for inspection or audit by the Department of Social Services or its representative upon request. Failure to furnish, reveal or retain adequate documentation for services billed to the Medicaid program, as specified above, is a violation of this regulation.

AUTHORITY: sections 208.152, RSMo Supp. 2005, and 208.201, RSMo 2000. Original rule filed Feb. 10, 2006.

PUBLIC COST: This proposed rule is expected to cost state agencies or political subdivisions \$16,298,454 annually over the life of the program.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

FISCAL NOTE

PUBLIC COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-6.010 Emergency Ambulance Program
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services, Division of Medical Services	\$16,298,454

III. WORKSHEET

Projected State Fiscal Year 2006			
	General Revenue	Federal	Total
Title XIX	\$6,059,142	\$9,777,613	\$15,836,755
State Medical	270,161	0	\$270,161
1115 Waiver Children	50,282	137,476	\$187,758
1115 Waiver Adults	1,446	2,334	\$3,780
Total	\$6,381,031	\$9,917,423	\$16,298,454

IV. ASSUMPTIONS

The proposed rule defines coverage of ambulance services for the Medicaid eligible population.

Title 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 9—Uniform Counting Standards

PROPOSED RESCISSION

15 CSR 30-9.020 Uniform Counting Standards—Optical Scan Voting Systems. This rule provided for standards to be used by election authorities when counting ballots cast using optical scan voting systems.

PURPOSE: This rule is being rescinded to be replaced with updated counting standards to be used by election authorities when counting ballots cast using optical scan voting systems.

AUTHORITY: section 115.225, RSMo 2000. Original rule filed Aug. 8, 2001, effective March 1, 2002. Emergency rescission and rule filed Feb. 2, 2006, effective Feb. 18, 2006, expires Aug. 16, 2006. Rescinded: Filed Feb. 2, 2006.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Office of the Secretary of State, Elections Division, Betsy Byers, Co-Director, PO Box 1767, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 9—Uniform Counting Standards

PROPOSED RULE

15 CSR 30-9.020 Uniform Counting Standards—Optical Scan Voting Systems

PURPOSE: This rule provides for standards to be used by election authorities when counting ballots cast using optical scan voting systems.

(1) The election authority shall be responsible for insuring that the standards provided for in this rule are followed when counting ballots cast using optical scan voting systems.

(2) Prior to tabulating ballots all machines shall be programmed to reject blank ballots where no votes are recorded, or where an over-vote is registered in any race.

(A) In jurisdictions using precinct-based tabulators, the voter who cast the ballot shall review the ballot if rejected, to determine if he/she wishes to make any changes to the ballot or if he/she would like to spoil their ballot and receive another ballot.

(B) In jurisdictions using centrally based tabulators, if a ballot is so rejected, it shall be reviewed by a bipartisan team using the following criteria:

1. If a ballot is determined to be damaged, the bipartisan team shall spoil the original ballot and duplicate the voter's intent on the new ballot, provided that there is an undisputed method of matching

the duplicate card with its original after it has been placed with the remainder of the ballot cards from that precinct; and

2. The provisions of sections (3), (4), (5) and (6) of this rule.

(3) The following marks shall be considered expressions of voter intent:

(A) Any ballot which is properly marked in the target area, as specified by the ballot instructions.

For Governor (Vote for one)		
<input checked="" type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
<input type="radio"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WALT DISNEY	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

(B) Any ballot that is properly marked with any device other than the approved marking device which prevents a machine count shall be counted as a vote.

(C) The target area next to a candidate or issue preference is circled.

For Governor (Vote for one)		
<input type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input checked="" type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Mark Twain

For Governor (Vote for one)		
<input checked="" type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WALT DISNEY	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

(D) There is a distinguishing mark in the target area next to a candidate or issue preference including but not limited to the following examples:

For Governor (Vote for one)		
<input checked="" type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WALT DISNEY	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WALT DISNEY	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
<input type="radio"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

For Governor (Vote for one)		
<input checked="" type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WALT DISNEY	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

(F) The party abbreviation associated with a candidate's name is circled.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input checked="" type="checkbox"/>	WALT DISNEY	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Walt Disney

For Governor (Vote for one)		
<input type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Mark Twain

(E) The name of a candidate or issue preference is circled or underlined.

For Governor (Vote for one)		
<input type="radio"/>	<u>HARRY S. TRUMAN</u>	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WALT DISNEY	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Mark Twain

(G) If a voter marked each choice by crossing out the names of candidate or issue preference not chosen, such expressions of intent shall constitute a valid vote for such candidate or issue preference not crossed out.

For Governor (Vote for one)		
<input type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes an undervote

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes a vote for Mark Twain

(H) In the event that there are distinguishing marks for two (2) or more candidates, clarified by an additional mark or marks that appear to indicate support, the ballot shall be counted as a vote for the candidate with the additional, clarifying marks.

For Governor (Vote for one)		
<input type="radio"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input checked="" type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes an overvote

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes an overvote

For Governor (Vote for one)		
<input checked="" type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input checked="" type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
<input checked="" type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input checked="" type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes an overvote

(C) If a voter marks more candidates than there are positions to be elected for that office, the marks do not constitute a valid vote for any candidate in that race.

(4) The following shall not be considered expressions of voter intent:
(A) Hesitation or stray marks.

For Governor (Vote for one)		
<input type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes an undervote

For School Board (Vote for three)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
WRITE-IN		←

This constitutes an overvote

(5) In jurisdictions using optical scan systems, a valid vote for a write-in candidate must include the following:

(A) The name of a qualified write-in candidate. If the name of the candidate, as written by the voter, is substantially as declared by the candidate it shall be counted, or in those circumstances where the names of candidates are similar, the names of candidates as shown on voter registration records shall be counted; and

(B) The name of the office for which the candidate is to be elected.

(6) If a voter designates a vote for a named candidate on the ballot and also provides for a write-in candidate in the same race it shall be treated as follows:

(A) If a voter designates a vote for a named candidate on the ballot and writes in the same candidate in the write-in area, the vote shall count for that candidate.

For Governor	
(Vote for one)	
<input type="radio"/> HARRY S. TRUMAN	PARTY
<input type="radio"/> LAURA INGALLS WILDER	PARTY
<input type="radio"/> MARK TWAIN	PARTY
<input checked="" type="radio"/> GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/> <u>George W. Carver</u>	PARTY
WRITE-IN	

This constitutes a vote for George Washington Carver

For Governor	
(Vote for one)	
HARRY S. TRUMAN	PARTY
LAURA INGALLS WILDER	PARTY
MARK TWAIN	PARTY
GEORGE WASHINGTON CARVER	PARTY
WALT DISNEY	PARTY
<u>Laura Ingalls Wilder</u>	PARTY
WRITE-IN	

This constitutes a vote for Laura Ingalls Wilder

(B) If a voter designates a vote for a named candidate on the ballot and writes in the name of a qualified write-in candidate or the name of a different named candidate on the ballot in that race, it shall be considered an overvote with neither candidate receiving credit for the vote.

For Governor	
(Vote for one)	
<input type="radio"/> HARRY S. TRUMAN	PARTY
<input type="radio"/> LAURA INGALLS WILDER	PARTY
<input checked="" type="radio"/> MARK TWAIN	PARTY
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/> <u>Harry S. Truman</u>	PARTY
WRITE-IN	

This constitutes an overvote

For Governor	
(Vote for one)	
HARRY S. TRUMAN	PARTY
LAURA INGALLS WILDER	PARTY
MARK TWAIN	PARTY
GEORGE WASHINGTON CARVER	PARTY
WALT DISNEY	PARTY
<u>Walt Disney</u>	PARTY
WRITE-IN	

This constitutes an overvote

(C) If a voter designates a vote for a named candidate on the ballot and writes in the name of a person who is not a qualified write-in candidate and not a named candidate on the ballot in that race, it shall be considered an overvote with no candidate receiving credit for the vote.

For Governor	
(Vote for one)	
<input type="radio"/> HARRY S. TRUMAN	PARTY
<input checked="" type="radio"/> LAURA INGALLS WILDER	PARTY
<input type="radio"/> MARK TWAIN	PARTY
<input type="radio"/> GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/> <u>Albert Einstein</u>	PARTY
WRITE-IN	

This constitutes an overvote

For Governor	
(Vote for one)	
HARRY S. TRUMAN	PARTY
LAURA INGALLS WILDER	PARTY
MARK TWAIN	PARTY
GEORGE WASHINGTON CARVER	PARTY
WALT DISNEY	PARTY
<u>Michael Douglas</u>	PARTY
WRITE-IN	

This constitutes an overvote

(7) Whenever a hand recount of votes of optical scan ballots is ordered, the provisions of this rule shall be used to determine voter intent.

AUTHORITY: section 115.225, RSMo Supp. 2005. Original rule filed Aug. 8, 2001, effective March 1, 2002. Emergency rescission and rule filed Feb. 2, 2006, effective Feb. 18, 2006, expires Aug. 16, 2006. Rescinded and readopted: Filed Feb. 2, 2006.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Office of the Secretary of State, Elections Division, Betsy Byers, Co-Director, PO Box 1767, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 15—ELECTED OFFICIALS

Division 30—Secretary of State

Chapter 9—Uniform Counting Standards

PROPOSED RESCISSION

15 CSR 30-9.030 Uniform Counting Standards—Paper Ballots. This rule provided for standards to be used by election authorities when counting ballots cast using paper ballots.

PURPOSE: This rule is being rescinded to be replaced with improved counting standards to be used by election authorities when counting ballots cast using paper ballots.

AUTHORITY: section 115.225, RSMo 2000. Original rule filed Aug. 8, 2001, effective March 1, 2002. Emergency rescission and rule filed Feb. 2, 2006, effective Feb. 18, 2006, expires Aug. 16, 2006. Rescinded: Filed Feb. 2, 2006.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Office of the Secretary of State, Elections Division, Betsy Byers, Co-Director, PO Box 1767, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 9—Uniform Counting Standards**

PROPOSED RULE

15 CSR 30-9.030 Uniform Counting Standards—Paper Ballots

PURPOSE: This rule provides for standards to be used by election authorities when counting ballots cast using paper ballots.

(1) The election authority shall be responsible for insuring that the standards provided for in this rule are followed when counting ballots cast using paper ballots.

(2) The following marks shall be considered expressions of voter intent:

(A) Any ballot which is properly marked, as specified by the ballot instructions, in the target area.

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

(B) The target area next to a candidate or issue preference is circled.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input checked="" type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Mark Twain

(C) There is a distinguishing mark in the target area next to a candidate or issue preference including but not limited to the following examples:

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

(D) The name of a candidate or issue preference is circled or underlined.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

(E) The party abbreviation associated with a candidate's name is circled.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for George Washington Carver

(F) If a voter consistently marked each choice by crossing out the names of candidate not chosen, such expressions of intent shall constitute a valid vote for such candidate or issue preference not crossed out.

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Mark Twain

(G) In the event that there are distinguishing marks for two (2) or more candidates, clarified by an additional mark or marks that appear to indicate support, the ballot shall be counted as a vote for the candidate with the additional, clarifying marks.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

(3) The following shall not be considered expressions of voter intent:

(A) Hesitation or stray marks.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

(B) In the event that there are distinguishing marks for two (2) or more candidates, without additional clarifying marks, the ballot shall be deemed an overvote.

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

(C) If a voter marks more candidates than there are positions to be elected for that office, the marks do not constitute a valid vote for any candidate in that race.

For School Board (Vote for three)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input checked="" type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input checked="" type="checkbox"/>	WALT DISNEY	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

(4) In jurisdictions using paper ballots, a valid vote for a write-in candidate must include the following:

(A) The name of a qualified write-in candidate. If the name of the candidate, as written by the voter, is substantially as declared by the candidate it shall be counted, or in those circumstances where the names of candidates are similar, the names of candidates as shown on voter registration records shall be counted.

(B) The name of the office for which the candidate is to be elected.

(5) If a voter designates a vote for a named candidate on the ballot and also provides for a write-in candidate in the same race it shall be treated as follows:

(A) If a voter designates a vote for a named candidate on the ballot and writes in the same candidate in the write-in area, the vote shall count for that candidate.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input checked="" type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

(B) If a voter designates a vote for a named candidate on the ballot and writes in the name of a qualified write-in candidate or the name of a different named candidate on the ballot in that race, it shall be considered an overvote with neither candidate receiving credit for the vote.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input checked="" type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

(C) If a voter designates a vote for a named candidate on the ballot and writes in the name of a person who is not a qualified write-in candidate and not a named candidate on the ballot in that race, it shall be considered an overvote with no candidate receiving credit for the vote.

For Governor	
(Vote for one)	
<input type="checkbox"/> HARRY S. TRUMAN	PARTY
<input type="checkbox"/> LAURA INGALLS WILDER	PARTY
<input type="checkbox"/> MARK TWAIN	PARTY
<input checked="" type="checkbox"/> GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/> <i>Gestande Steen</i>	PARTY
WRITE-IN	

This constitutes an overvote

(6) Whenever a hand recount of votes of paper ballots is ordered, the provisions of this rule shall be used to determine voter intent.

AUTHORITY: section 115.225, RSMo Supp. 2005. Original rule filed Aug. 8, 2001, effective March 1, 2002. Emergency rescission and rule filed Feb. 2, 2006, effective Feb. 18, 2006, expires Aug. 16, 2006. Rescinded and readopted: Filed Feb. 2, 2006.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Office of the Secretary of State, Elections Division, Betsy Byers, Co-Director, PO Box 1767, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20—Division of [Environmental Health and Communicable Disease Prevention] Community and Public Health Chapter 20—Communicable Diseases

PROPOSED AMENDMENT

19 CSR 20-20.010 Definitions Relating to Communicable, Environmental and Occupational Diseases. The Department of Health and Senior Services proposes to add two (2) sections and renumber sections (19)–(39).

PURPOSE: This amendment adds definitions for “immediately reportable” and “invasive disease.”

(19) Immediately reportable diseases are those diseases or findings listed in 19 CSR 20-20.020(1)(A)–(C) and shall be reported at once, without delay and with a sense of urgency by means of rapid communication to the Missouri Department of Health and Senior Services or to the local public health agency, regardless of the day or hour.

[(19)] (20) Immunization is a treatment which renders an individual less susceptible to the pathologic effects of a disease or provides a measure of protection against the disease.

[(20)] (21) Infectious waste is waste capable of producing an infectious disease. For a waste to be infectious, it must contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease. Infectious

waste generated by small quantity generators shall include the following categories:

(A) Sharps—all discarded sharps including hypodermic needles, syringes and scalpel blades. Broken glass or other sharp items that have come in contact with material defined as infectious are included;

(B) Cultures and stocks of infectious agents and associated biologicals—included in this category are all cultures and stocks of infectious organisms as well as culture dishes and devices used to transfer, inoculate and mix cultures; and

(C) Other wastes—those wastes designated by the medical authority responsible (physician, podiatrist, dentist, veterinarian) for the care of the patient which may be capable of producing an infectious disease.

[(21)] (22) Institution is any public or private hospital, nursing home, clinic, mental health facility, home health agency, or medical or professional corporation composed of health care workers.

(23) Invasive disease is caused by a pathogen that invades the bloodstream and/or normally sterile bodily fluids and has the potential to cause severe morbidity and/or mortality. Culturing organisms from blood, cerebrospinal fluid, joint fluid, or pleural fluid identifies invasive diseases. Examples of conditions caused by invasive organisms include:

(A) *Haemophilus influenzae*—meningitis, occult febrile bacteremia, epiglottitis, septic arthritis, pericarditis, abscesses, empyema, and osteomyelitis;

(B) *Streptococcus pneumoniae*—bacteremia, and meningitis;

(C) *Neisseria meningitidis*—meningitis with or without meningococcemia, septicemia (purpura fulminans), bacteremia, pericarditis, myocarditis, arthritis, and epididymitis;

(D) *Streptococcus pyogenes* (group A)—bacteremia associated with cutaneous infection, deep soft tissue infection (necrotizing fasciitis), meningitis, peritonitis, osteomyelitis, septic arthritis, postpartum sepsis, neonatal sepsis, and non-focal bacteremia.

[(22)] (24) Isolation is the separation for the period of communicability of infected individuals and animals from other individuals and animals, in places and under conditions as will prevent the direct or indirect transmission of the infectious agent from infected individuals or animals to other individuals or animals who are susceptible or who may spread the agent to others.

[(23)] (25) Laboratory means a facility for the biological, microbiological, serological, chemical, immuno-hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of a human. These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered laboratories. Laboratory includes hand-held testing equipment. All testing laboratories must be certified under the Clinical Laboratories Improvement Amendment of 1988 (CLIA—42 CFR part 493).

[(24)] (26) Local health authority is the city or county health officer, director of an organized health department or of a local board of health within a given jurisdiction. In those counties where a local health authority does not exist, the health officer or administrator of the Department of Health and Senior Services district in which the county is located shall serve as a local health authority.

[[25]] (27) Local public health agency is a legally constituted body provided by a city, county or group of counties to protect the public health of the city, county or group of counties.

[[26]] (28) Methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant *Enterococci* (VRE), and nosocomial infection are:

(A) MRSA shall be defined as *S. aureus* strains that are resistant to oxacillin, nafcillin and methicillin; historically termed MRSA. These organisms are resistant to all β -lactam agents, including cephalosporins and carbapenems. (NOTE: MRSA isolates are often resistant to other multiple, commonly used classes of antimicrobial agents, including erythromycin, clindamycin, and tetracycline.)

(B) VRE shall be defined as *Enterococci* that possess intrinsic or acquired resistance to vancomycin. Several genes, including *vanA*, *vanB*, *vanC*, *vanD*, and *vanE*, contribute to resistance to vancomycin in *Enterococci*.

(C) Nosocomial infection shall be defined by the national Centers for Disease Control and Prevention and applied to infections within hospitals, ambulatory surgical centers, and other facilities.

[[27]] (29) Outbreak or epidemic is the occurrence in a community or region of an illness(es) similar in nature, clearly in excess of normal expectancy and derived from a common or a propagated source.

[[28]] (30) Period of communicability is the period of time during which an etiologic agent may be transferred, directly or indirectly, from an infected person to another person or from an infected animal to a person.

[[29]] (31) Person is any individual, partnership, corporation, association, institution, city, county, other political subdivision authority, state agency or institution or federal agency or institution.

[[30]] (32) Pesticide poisoning means human disturbance of function, damage to structure or illness, which results from the inhalation, absorption or ingestion of any pesticide.

[[31]] (33) Poisoning means injury, illness or death caused by chemical means.

[[32]] (34) Quarantine is a period of detention for persons or animals that may have been exposed to a reportable disease. The period of time will not be longer than the longest period of communicability of the disease. The purpose of quarantine is to prevent effective contact with the general population.

(A) Complete quarantine is a limitation of freedom of movement of persons or animals exposed to a reportable disease, for a period of time not longer than the longest period of communicability of the disease, in order to prevent effective contact with the general population.

(B) Modified quarantine is a selective, partial limitation of freedom of movement of persons or animals determined on the basis of differences in susceptibility or danger of disease transmission. Modified quarantine is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the closure of schools and places of public or private assembly and the prohibition or restriction of those exposed to a communicable disease from engaging in a particular occupation.

[[33]] (35) Reportable disease is any disease or condition for which an official report is required. Any unusual expression of illness in a group of individuals, which may be of public health concern, is reportable and shall be reported to the local health department, local health authority or the Department of Health and Senior Services by the quickest means.

[[34]] (36) Small quantity generator of infectious waste is any person generating one hundred kilograms (100 kg) or less of infectious waste per month and as regulated in 10 CSR 80.

[[35]] (37) Terrorist event is the unlawful use of force or violence committed by a group or individual against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives. Terrorist attacks are classified as chemical, biological, or radiological.

(A) Chemical means any weapon that is designed or intended to cause widespread death or serious bodily injury through the release, dissemination, or impact of toxic or poisonous chemicals or precursors of toxic or poisonous chemicals.

(B) Biological means any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product.

(C) Radiological means any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.

[[36]] (38) Toxic substance is any substance, including any raw materials, intermediate products, catalysts, final products or by-products of any manufacturing operation conducted in a commercial establishment that has the capacity through its physical, chemical or biological properties to pose a substantial risk of death or impairment, either immediately or later, to the normal functions of humans, aquatic organisms or any other animal.

[[37]] (39) Unusual diseases—Examples include, but are not limited to, the following:

(A) Diseases uncommon to a geographic area, age group, or anatomic site;

(B) Cases of violent illness resulting in respiratory failure;

(C) Absence of a competent natural vector for a disease; or

(D) Occurrence of hemorrhagic illness.

[[38]] (40) Unusual manifestation of illness—Examples include, but are not limited to, the following:

(A) Multiple persons presenting with a similar clinical syndrome at a steady or increasing rate;

(B) Large numbers of rapidly fatal cases, with or without recognizable signs and symptoms;

(C) Two (2) or more persons, without a previous medical history, presenting with convulsions;

(D) Persons presenting with grayish colored tissue damage; or

(E) Adults under the age of fifty (50) years, without previous medical history, presenting with adult respiratory distress syndrome (ARDS).

[[39]] (41) Varicella (Chickenpox) severity of illness shall include the following categories:

(A) Mild—less than fifty (50) lesions (able to count lesions within thirty (30) seconds);

(B) Moderate—fifty to five hundred (50–500) lesions (anything in between mild and severe); and

(C) Severe—more than five hundred (500) lesions (difficult to see the skin) or lesions with complications.

AUTHORITY: sections 192.006 and 260.203, RSMo 2000 and 192.020, RSMo Supp. [2004] 2005. This rule was previously filed as 13 CSR 50-101.010. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 15, 2006.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Glenda Miller, Director, Division of Community and Public Health, PO Box 570, Jefferson City, MO 65102-0570, Phone (573) 751-6080. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20—Division of [Environmental Health and Communicable Disease Prevention] Community and Public Health

Chapter 20—Communicable Diseases

PROPOSED AMENDMENT

19 CSR 20-20.020 Reporting Communicable, Environmental and Occupational Diseases. The Department of Health and Senior Services proposes to add a new section (1), amend existing sections (1)–(7) and (9) and renumber throughout.

PURPOSE: This amendment adds an immediately reportable disease category as required by the Centers for Disease Control and Prevention (CDC) Public Health Preparedness and Emergency Response for Bioterrorism Cooperative Agreement. The amendment also rearranges the existing categories into immediately reportable, reportable within one (1) calendar day and reportable within three (3) calendar days. The amendment adds a number of diseases/conditions to the list of those that are required to be reported to the department or local health authority and modifies several diseases/conditions currently required to be reported.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The diseases within the immediately reportable disease category pose a risk to national security because they: can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruption; and require special action for public health preparedness. Immediately reportable diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services immediately upon knowledge or suspicion by telephone (1 (800) 392-0272), facsimile or other rapid communication. Immediately reportable diseases or findings are—

(A) Selected high priority diseases, findings or agents that occur naturally, from accidental exposure, or as the result of a bioterrorism event:

Anthrax
Botulism
Plague

Rabies (Human)

Ricin toxin

Severe Acute Respiratory syndrome-associated Coronavirus (SARS-CoV) Disease

Smallpox

Tularemia (pneumonic)

Viral hemorrhagic fevers (filoviruses (e.g., Ebola, Marburg) and arenaviruses (e.g., Lassa, Machupo))

(B) Instances, clusters, or outbreaks of unusual diseases or manifestations of illness and clusters or instances of unexplained deaths which appear to be a result of a terrorist act or the intentional or deliberate release of biological, chemical, radiological, or physical agents, including exposures through food, water, or air.

(C) Instances, clusters, or outbreaks of unusual, novel, and/or emerging diseases or findings not otherwise named in this rule, appearing to be naturally occurring, but posing a substantial risk to public health and/or social and economic stability due to their ease of dissemination or transmittal, associated mortality rates, or the need for special public health actions to control.

[[1]] (2) [Category I] Reportable within one (1) day diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services within [twenty-four (24) hours] one (1) calendar day of first knowledge or suspicion by telephone, facsimile or other rapid communication. [Category II] Reportable within one (1) day diseases or findings are—

(A) Diseases, findings or agents that occur naturally, [or] from accidental exposure, or as a result of an undetected bioterrorism event:

Acute respiratory distress syndrome (ARDS) in patients under fifty (50) years of age

Animal (mammal) bite, wound, humans

Brucellosis

Cholera

Dengue fever

Diphtheria

[*Escherichia coli* O157:H7]

[*Escherichia coli*, shiga toxin positive, serogroup non-O157:H7]

Glanders

Haemophilus influenzae, invasive disease

Hantavirus pulmonary syndrome

Hemolytic uremic syndrome (HUS), post-diarrheal

Hepatitis A

Influenza—associated public and/or private school closures

Lead (blood) level greater than or equal to forty-five micrograms per deciliter (≥ 45 ug/dl) in any person equal to or less than seventy-two (≤ 72) months of age

Measles (rubeola)

Meningococcal disease, invasive

Outbreaks (including nosocomial) or epidemics of any illness, disease or condition that may be of public health concern, including any illness in a food handler that is potentially transmissible through food

Pertussis

Poliomyelitis

Q fever

Rabies[,] (animal) [or human]

Rubella, including congenital syndrome

[Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) Disease]

Shiga toxin-producing *Escherichia coli* (STEC)

Shiga toxin positive, unknown organism

Shigellosis

Staphylococcal enterotoxin B

Streptococcus pneumoniae, drug resistant invasive disease

Syphilis, including congenital syphilis

T-2 mycotoxins

Tetanus

Tuberculosis disease

Tularemia (non-pneumonic)

Typhoid fever (*Salmonella typhi*)

Vancomycin-intermediate *Staphylococcus aureus* (VISA), and
Vancomycin-resistant *Staphylococcus aureus* (VRSA)

Venezuelan equine encephalitis virus neuroinvasive disease

Venezuelan equine encephalitis virus non-neuroinvasive disease

Yellow fever

[(B) Diseases, findings or agents that occur naturally or that might result from a terrorist attack involving biological, radiological, or chemical weapons:

Adult respiratory distress syndrome (ARDS) in patients under 50 years of age (without a contributing medical history)

Anthrax

Botulism

Brucellosis

Cholera

Encephalitis/meningitis, Venezuelan equine

Glanders

Hemorrhagic fever (e.g., dengue, yellow fever)

Plague

Q fever

Ricin

Smallpox (variola)

Staphylococcal enterotoxin B

T-2 mycotoxins

Tularemia]

[(C)] (B) Diseases, findings or adverse reactions that occur as a result of inoculation to prevent smallpox, including but not limited to the following:

Accidental administration

[Accidental implantation (inadvertent auto-inoculation)]

[Bacterial infection of site of inoculation]

[Congenital vaccinia]

Contact [vaccinia] transmission (i.e., vaccinia virus infection in a contact of a smallpox vaccinee)

Eczema vaccinatum

Erythema multiforme (roseola vaccinia, toxic urticaria)

Fetal vaccinia (congenital vaccinia)

Generalized vaccinia

Inadvertent autoinoculation (accidental implantation)

Myocarditis, pericarditis, or myopericarditis

Ocular vaccinia (can include keratitis, conjunctivitis, or blepharitis)

Post-vaccinial encephalitis or encephalomyelitis

Progressive vaccinia (vaccinia necrosum, vaccinia gangrenosa, disseminated vaccinia)

Pyogenic infection of the vaccination site

Stevens-Johnson Syndrome

[Vaccinia keratitis]

[(2)] (3) [Category II diseases or findings and their reporting requirements are—

(A) Category IIA] Reportable within three (3) days diseases or findings shall be reported to the local health authority or the Department of Health and Senior Services within three (3) calendar days of first knowledge or suspicion. [Category IIA] These diseases or findings are—

Acquired immunodeficiency syndrome (AIDS)

Arsenic poisoning

Blastomycosis

California serogroup [viral encephalitis/meningitis] virus neuroinvasive disease

California serogroup virus non-neuroinvasive disease

Campylobacteriosis

Carbon monoxide poisoning

CD4+ T cell count

Chancroid

Chemical poisoning, acute, as defined in the most current ATSDR CERCLA Priority List of Hazardous Substances; if terrorism is suspected, refer to subsection (1)(B)

Chlamydia trachomatis, infections

Coccidioidomycosis

Creutzfeldt-Jakob disease

Cryptosporidiosis

Cyclosporiasis

Eastern equine [viral] encephalitis/meningitis] virus neuroinvasive disease

Eastern equine encephalitis virus non-neuroinvasive disease

Ehrlichiosis, human granulocytic, monocytic, or other/unspecified agent

Giardiasis

Gonorrhea

Hansen's disease (Leprosy)

Heavy metal poisoning including, but not limited to, cadmium and mercury

Hepatitis B, acute

Hepatitis B, chronic

Hepatitis B surface antigen (prenatal HBsAg) in pregnant women

Hepatitis B Virus Infection, perinatal (HBsAg positivity in any infant aged equal to or less than twenty-four (≤24) months who was born to an HBsAg-positive mother)

Hepatitis C, acute

Hepatitis C, chronic

Hepatitis non-A, non-B, non-C

Human immunodeficiency virus (HIV)-exposed newborn infant (i.e., newborn infant whose mother is infected with HIV)

Human immunodeficiency virus (HIV) infection, as indicated by HIV antibody testing (reactive screening test followed by a positive confirmatory test), HIV antigen testing (reactive screening test followed by a positive confirmatory test), detection of HIV nucleic acid (RNA or DNA), HIV viral culture, or other testing that indicates HIV infection

Human immunodeficiency virus (HIV) test results (including both positive and negative results) for children less than two (2) years of age whose mothers are infected with HIV

Human immunodeficiency virus (HIV) viral load measurement (including non-detectable results)

Hyperthermia

Hypothermia

Lead (blood) level less than forty-five micrograms per deciliter (<45 ug/dl) in any person equal to or less than seventy-two (≤72) months of age and any lead (blood) level in persons older than seventy-two (>72) months of age

Legionellosis

Leptospirosis

Listeriosis

Lyme disease

Malaria

Methemoglobinemia, environmentally-induced

Mumps

Mycobacterial disease other than tuberculosis (MOTT)

Occupational lung diseases including silicosis, asbestosis, byssinosis, farmer's lung and toxic organic dust syndrome

Pesticide poisoning

Powassan [viral encephalitis/meningitis] virus neuroinvasive disease

Powassan virus non-neuroinvasive disease

Psittacosis

Rabies Post-Exposure Prophylaxis (Initiated)

Respiratory diseases triggered by environmental contaminants

including environmentally or occupationally induced asthma and bronchitis

Rocky Mountain spotted fever

Saint Louis *[viral]* encephalitis *[meningitis]* **virus neuroinvasive disease**

Saint Louis encephalitis virus non-neuroinvasive disease

Salmonellosis

Streptococcal disease, invasive, Group A

Streptococcus pneumoniae, invasive in children less than five

(5) years

Toxic shock syndrome, staphylococcal or streptococcal

[Trichinosis] **Trichinellosis**

Tuberculosis infection

Varicella (Chickenpox)

Varicella deaths

West Nile *[fever]* **virus neuroinvasive disease**

West Nile *[viral encephalitis/meningitis]* **virus non-neuroinvasive disease**

Western equine *[viral]* encephalitis *[meningitis]* **virus neuroinvasive disease**

Western equine encephalitis virus non-neuroinvasive disease

Yersiniosis

[(B)] (4) [Category IIB] Reportable weekly diseases or findings shall be reported directly to the Department of Health and Senior Services weekly. *[Category IIB] These* diseases or findings are:

Influenza, laboratory-confirmed

[(C)] (5) [Category IIC] Reportable quarterly diseases or findings shall be reported directly to the Department of Health and Senior Services quarterly. *[Category IIC] These* diseases or findings are:

Methicillin-resistant *Staphylococcus aureus* (MRSA), nosocomial

Vancomycin-resistant enterococci (VRE), nosocomial

[(3) The occurrence of an outbreak or epidemic of any illness, disease or condition which may be of public health concern, including any illness in a food handler that is potentially transmissible through food. This also includes public health threats that could result from terrorist activities such as clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents shall be reported to the local health authority or the Department of Health and Senior Services by telephone, facsimile, or other rapid communications within twenty-four (24) hours of first knowledge or suspicion.]

[(4)] (6) A physician, physician's assistant, nurse, hospital, clinic, or other private or public institution providing diagnostic testing, screening or care to any person with any disease, condition or finding listed in sections (1)–[(3)] (4) of this rule [with the exception of Methicillin-resistant Staphylococcus aureus (MRSA), nosocomial and Vancomycin-resistant Enterococci (VRE), nosocomial,] or who is suspected of having any of these diseases, conditions or findings shall make a case report to the local health authority or the Department of Health and Senior Services, or cause a case report to be made by their designee, within the specified time.

(A) A physician, physician's assistant, or nurse providing care in an institution to any patient with any disease, condition or finding listed in sections (1)–[(3)] (4) of this rule may authorize, in writing, the administrator or designee of the institution to submit case reports on patients attended by the physician, physician's assistant, or nurse at the institution. But under no other circumstances shall the physician, physician's assistant, or nurse be relieved of this reporting responsibility.

(B) Duplicate reporting of the same case by health care providers in the same institution is not required.

[(5)] (7) Except for influenza, laboratory-confirmed and Varicella (Chickenpox); a case report as required in section [(4)] (6) of this rule shall include the patient's name, home address with zip code, date of birth, age, sex, race, home phone number, name of the disease, condition or finding diagnosed or suspected, the date of onset of the illness, name and address of the treating facility (if any) and the attending physician, any appropriate laboratory results, name and address of the reporter, treatment information for sexually transmitted diseases, and the date of report.

(A) A report of an outbreak or epidemic as required in subsections *[(3)] (1)(B) and (1)(C)* of this rule shall include the diagnosis or principal symptoms, the approximate number of cases, the local health authority jurisdiction within which the cases occurred, the identity of any cases known to the reporter, and the name and address of the reporter.

(B) Influenza, laboratory-confirmed reporting as required in section (4) of this rule shall include the patient's age group (i.e., 0–4, 5–24, 25–64, and 65+ years) and serology/serotype (i.e., A, B, and unknown), the local health authority jurisdiction within which the cases occurred, and the date of report. Aggregate patient data shall be reported weekly.

(C) Varicella (Chickenpox) reporting as required in section *[(4)] (3)* of this rule shall include the patient's name, date of birth, vaccination history, and severity of illness; the local health authority jurisdiction within which the cases occurred, and the date of report.

[(6)] (8) Any person in charge of a public or private school, summer camp or child or adult care facility shall report to the local health authority or the Department of Health and Senior Services the presence or suspected presence of any diseases or findings listed in sections (1)–[(3)] (4) of this rule according to the specified time frames.

[(7)] (9) All local health authorities shall forward to the Department of Health and Senior Services reports of all diseases or findings listed in sections (1)–[(3)] (4) of this rule. All reports shall be forwarded [within twenty-four (24) hours after being received,] according to procedures established by the Department of Health and Senior Services director as listed in sections (1)–(4). Reports will be forwarded [as expeditiously as possible] immediately if a terrorist event is suspected or confirmed. The local health authority shall retain from the original report any information necessary to carry out the required duties in 19 CSR 20-20.040(2) and (3).

[(8)] (10) Information from patient medical records received by local public health agencies or the Department of Health and Senior Services in compliance with this rule is to be considered confidential records and not public records.

[(9)] (11) Reporters specified in section [(4)] (6) of this rule will not be held liable for reports made in good faith in compliance with this rule.

[(10)] (12) The following material is incorporated into this rule by reference:

(A) 2005 Agency for Toxic Substances and Disease Registry (ATSDR) 1825 Century Blvd., Atlanta, GA 30345, Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) Priority List of Hazardous Substances, *[(http://www.atsdr.cdc.gov:8080/97/list.html)] available at: http://www.atsdr.cdc.gov/cercla. This rule does not incorporate any subsequent amendments or additions.*

[(11)] (13) Each hospital and ambulatory surgical center shall report on a quarterly basis antibiogram data for infection, not colonization, from all body sites monitored by that health care facility. Antibiogram data to be reported shall include nosocomial methicillin sensitive Staphylococcus aureus (S. aureus), nosocomial S. aureus, nosocomial vancomycin sensitive enterococci, and nosocomial enterococci isolates. Data shall be reported directly to the Department

of Health and Senior Services. Reporting shall include only a patient's first diagnostic nosocomial isolate per admission of *Staphylococcus aureus* (*S. aureus*) and enterococci and the isolates corresponding methicillin or vancomycin sensitivity; irrespective of location or of other antimicrobial sensitivity(ies). Intermediate methicillin or vancomycin sensitivity shall be reported as resistant (i.e., methicillin-resistant *Staphylococcus aureus* (MRSA) or vancomycin-resistant enterococci (VRE), respectively).

(A) Isolates from cultures performed for routine surveillance purposes are excluded from the requirement to report. Methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant enterococci (VRE) nosocomial infections to be reported to the Department of Health and Senior Services are limited to those body sites monitored by the individual hospital or ambulatory surgical center.

(B) Aggregate antibiogram data for patients' non-duplicative isolates, per admission, of nosocomial MRSA and VRE infections shall reflect susceptibility patterns and shall be reported as the:

1. Number of nosocomial isolates of *S. aureus* sensitive to methicillin (oxacillin, etc.);
2. Number of nosocomial isolates *S. aureus*;
3. Number of nosocomial isolates of enterococci sensitive to vancomycin; and
4. Number of nosocomial isolates enterococci.

(C) Aggregate data shall be reported for the quarters January–March, April–June, July–September, and October–December within ten (10) days of the end of the quarter. Each quarter's aggregate report shall include only those data that are available within a ten (10)-day reporting period from the end of that quarter.

AUTHORITY: sections 192.006, 192.139, 210.040 and 210.050, RSMo 2000 and 192.020, RSMo Supp. [2004] 2005. This rule was previously filed as 13 CSR 50-101.020. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 15, 2006.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions one thousand two hundred forty dollars (\$1,240) annually in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities five thousand ninety-four dollars (\$5,094) annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Glenda Miller, Director, Division of Community and Public Health, PO Box 570, Jefferson City, MO 65102-0570, Phone (573) 751-6080. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

FISCAL NOTE PUBLIC ENTITY COST

I. RULE NUMBER

Title: 19 – Department of Health and Senior Services

Division: 20 Environmental Health and Communicable Disease Prevention

Chapter: 20 - Communicable Diseases

Type of Rule Making: Proposed Amendment

Rule Number and Name: 19 CSR 20-20.020 Reporting Communicable, Environmental and Occupational Diseases

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
State Public Health Laboratory, public hospital laboratories, county/district health agencies, and public schools.	\$1,240.00 annually
	Total = \$1,240.00 annually

III. WORKSHEET

PUBLIC ENTITY COST TO REPORT RABIES POST-EXPOSURE PROPHYLAXIS = **\$1,240.00**

Public entity cost is calculated by: (a) 25% of reports received by MDHSS come from public sources; (b) it takes about 20 minutes to report each case, or 0.3 of the hourly salary of a Community Health Nurse II with a typical salary of \$36,960 (\$17.50 hour); and (c) postage of \$0.37 to mail each report, which overstates the expense since many reports will be sent electronically. The annual public entity cost in the aggregate is:

(c1)	(c2)	(c3)	(c4)	(c5)	(c6)
Number of Cases per Year	0.3 times the Hourly \$ Rate	Total Salary Expense	Postage Rate	Total Postage Rate	Total Expense
25 of 800		= c1 x c2		= c1 x c4	= c3 + c5
200	\$5.83	\$1166.00	0.37¢	\$74.00	\$1,240.00

IV. ASSUMPTIONS

CDC estimates that 40,000 people in the US receive Rabies Post-Exposure Prophylaxis (Initiated) annually. Assuming Missouri has 1/50 of these patients, the number of events reported would be approximately 800 annually.

Rabies Post-Exposure Prophylaxis (PEP) is expensive, costing approximately \$3,000 per patient. It is estimated that PEP is provided to 800 Missourians annually, with a total cost of \$2,400,000.00. Tracking significant healthcare expenditures such as these aids in cost containment.

Vaccine and immunoglobulin (IG) used for rabies PEP are sometimes available only in limited supply. It is essential to track the number of persons receiving PEP so that available vaccine and IG are used as efficiently as possible.

Documenting the high cost of providing rabies PEP to patients provides justification for low cost measures that could keep people from having to receive PEP (e.g., vaccination of pets against rabies, implementation of animal control ordinances, organization of animal control offices and animal quarantine facilities).

In general, about 25% of communicable disease reports received by MDHSS come from public sources, such as the State Public Health Laboratory, public hospital laboratories, county/district health agencies, and public schools. The remaining 75% of reports come from private sources, such as hospitals, hospital laboratories, private laboratories, private providers, and private schools.

FISCAL NOTE PRIVATE ENTITY COST

I. RULE NUMBER

Title: 19 - Department of Health and Senior Services

Division: 20 - Environmental Health and Communicable Disease Prevention

Chapter: 20 - Communicable Diseases

Type of Rule Making: Proposed Amendment

Rule Number and Name: 19 CSR 20-20.020 Reporting Communicable, Environmental and Occupational Diseases

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Hospitals, hospital laboratories, private laboratories, private providers, and private schools.	\$5,094.00 annually
	Total = \$5,094.00 annually

III. WORKSHEET

PRIVATE ENTITY COST TO REPORT RABIES POST-EXPOSURE PROPHYLAXIS = **\$5,094.00**

Private entity cost is calculated by: (a) 75% of reports received by MDHSS come from private sources; (b) it takes about 20 minutes to report each case, or 0.3 of the hourly salary of a Hospital Staff Nurse with a typical salary of \$50,648 (\$24.35 hour); and (c) postage of \$0.37 to mail each report, which overstates the expense since many reports will be sent electronically. The annual private entity cost in the aggregate is:

(c1)	(c2)	(c3)	(c4)	(c5)	(c6)
Number of Cases per Year	0.3 times the Hourly \$ Rate	Total Salary Expense	Postage Rate	Total Postage Rate	Total Expense
.75 of 800 600	\$8.12	= c1 x c2 \$4,872.00	0.37¢	= c1 x c4 \$222.00	= c3 + c5 \$5,094.00

IV. ASSUMPTIONS

CDC estimates that 40,000 people in the US receive Rabies Post-Exposure Prophylaxis (Initiated) annually. Assuming Missouri has 1/50 of these patients, the number of events reported would be approximately 800 annually.

Rabies Post-Exposure Prophylaxis (PEP) is expensive, costing approximately \$3,000 per patient. It is estimated that PEP is provided to 800 Missourians annually, with a total cost of \$2,400,000.00. Tracking significant healthcare expenditures such as these aids in cost containment.

Vaccine and immunoglobulin (IG) used for rabies PEP are sometimes available only in limited supply. It is essential to track the number of persons receiving PEP so that available vaccine and IG are used as efficiently as possible.

Documenting the high cost of providing rabies PEP to patients provides justification for low cost measures that could keep people from having to receive PEP (e.g., vaccination of pets against rabies, implementation of animal control ordinances, organization of animal control offices and animal quarantine facilities).

In general, about 25% of communicable disease reports received by MDHSS come from public sources, such as the State Public Health Laboratory, public hospital laboratories, county/district health agencies, and public schools. The remaining 75% of reports come from private sources, such as hospitals, hospital laboratories, private laboratories, private providers, and private schools.

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES**

**Division 20—Division of [Environmental Health
and Communicable Disease Prevention] Community
and Public Health**

Chapter 20—Communicable Diseases

PROPOSED AMENDMENT

19 CSR 20-20.080 Duties of Laboratories. The department proposes to amend section (3) and add section (4).

PURPOSE: *This amendment modifies the requirement to report results of tests for five (5) diseases/conditions, adds the requirement to report results of tests and to submit isolates/specimens for two (2) additional diseases/conditions, and adds the requirement to annually report culture and sensitivity testing results.*

(3) Isolates or specimens positive for the following reportable diseases or conditions must be submitted to the State Public Health Laboratory for epidemiological or confirmation purposes:

Anthrax (*Bacillus anthracis*)
Campylobacter[iosis] species
Cholera (*Vibrio cholerae*)
Diphtheria (*Corynebacterium diphtheriae*)
[Enteric] *Escherichia coli* [infection (*E.coli*) O157:H7]]
Haemophilus influenzae, invasive disease
Influenza **Virus**-associated pediatric mortality
Malaria (*Plasmodium species*)
Measles (rubeola)
Mycobacterium tuberculosis
Neisseria meningitidis, invasive disease
Orthopoxvirus (smallpox/cowpox-vaccinia/monkeypox)
Other Shiga Toxin positive organisms
Pertussis (*Bordetella pertussis*)
Plague (*Yersinia pestis*)
[Salmonellosis (all *Salmonella*) *Salmonella* species[]]
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
[Shigellosis (all *Shigella*) *Shigella* species[]]
Tularemia, pneumonic
Vancomycin-intermediate *Staphylococcus aureus* (VISA)
Vancomycin Resistant *Staphylococcus aureus*

(4) Every laboratory performing culture and sensitivity testing on human specimens in Missouri for health care facilities shall annually report these results to the Missouri Department of Health and Senior Services (MDHSS) for each facility provided this service. The data submitted should be in the format of antibiograms as defined by the Clinical and Laboratory Standards Institute (CLSI), M39-A2, Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data. Only data from the first unique isolate from each patient should be included. Duplicate cultures must be excluded when compiling these antibiograms. The antibiograms for the preceding year are to be sent to MDHSS by July 1 of the following year (ex: 2006 data, January 1, 2006–December 31, 2006, will be due on July 1, 2007).

AUTHORITY: sections 192.006, RSMo 2000, 192.020 and 192.131 RSMo Supp. [2004] 2005. This rule was previously filed as 13 CSR 50-101.090. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Jan. 4, 2006, effective Jan. 14, 2006, expires July 3, 2006. Amended: Filed Feb. 15, 2006.

PUBLIC COST: *This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

PRIVATE COST: *This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to this proposed amendment with Glenda Miller, Director, Division of Community and Public Health, PO Box 570, Jefferson City, MO 65102-0570, Phone (573) 751-6080. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**Title 1—OFFICE OF ADMINISTRATION
Division 30—Division of Facilities Management,
Design and Construction
Chapter 5—Minority/Women Business Enterprises**

ORDER OF RULEMAKING

By the authority vested in the commissioner of administration under section 8.320, RSMo 2000, the commissioner amends a rule as follows:

1 CSR 30-5.010 Minority/Women Business Enterprise Participation in State Construction Contracts **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2005 (30 MoReg 2476-2478). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION
Division 35—Division of Facilities Management
Chapter 1—Facility Maintenance and Operation**

ORDER OF RULEMAKING

By the authority vested in the commissioner of administration under sections 8.110, 8.320, 34.030, 37.005 and 536.025, RSMo 2000 and

536.023.3, RSMo Supp. 2005, the commissioner amends a rule as follows:

1 CSR 35-1.050 Public Use of State Facilities **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2005 (30 MoReg 2478). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION
Division 35—Division of Facilities Management
Chapter 2—Leasing**

ORDER OF RULEMAKING

By the authority vested in the commissioner of administration under sections 8.110, 8.320, 34.030, 37.005 and 536.025, RSMo 2000 and 536.023.3, RSMo Supp. 2005, the commissioner amends a rule as follows:

1 CSR 35-2.030 Administration of the Leasing Process **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2005 (30 MoReg 2478-2479). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 4—Wildlife Code: General Provisions**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-4.135 Transportation **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 3, 2006 (31 MoReg 7). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 100—Division of Credit Unions
Chapter 2—State-Chartered Credit Unions**

ORDER OF RULEMAKING

By the authority vested in the director of the Division of Credit Unions under section 370.100, RSMo 2000, the director rescinds a rule as follows:

4 CSR 100-2.045 Member Business Loans is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 1, 2005 (30 MoReg 2479). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 23—Geological Survey and Resource
Assessment Division
Chapter 3—Well Construction Code**

ORDER OF RULEMAKING

By the authority vested in the department's Well Installation Board under section 256.606, RSMo 2000, the board amends a rule as follows:

10 CSR 23-3.100 Sensitive Areas is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2005 (30 MoReg 2241–2248). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 23—Geological Survey and Resource
Assessment Division
Chapter 5—Heat Pump Construction Code**

ORDER OF RULEMAKING

By the authority vested in the department's Well Installation Board under section 256.606, RSMo Supp. 2005, the board amends a rule as follows:

**10 CSR 23-5.050 Construction Standards for Closed-Loop
Heat Pump Wells is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2005 (30 MoReg 2249–2251). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 35—Children's Division
Chapter 34—Homeless, Dependent and
Neglected Children**

ORDER OF RULEMAKING

By the authority vested in the Children's Division under section 210.560, RSMo 2000, the director adopts a rule as follows:

**13 CSR 35-34.080 Children's Income Disbursement System
(KIDS) is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 15, 2005 (30 MoReg 2399–2400). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 14—DEPARTMENT OF CORRECTIONS
Division 80—State Board of Probation and Parole
Chapter 5—Intervention Fee**

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Corrections under sections 217.040 and 217.755, RSMo 2000 and 217.690, RSMo Supp. 2005, the board adopts a rule as follows:

14 CSR 80-5.010 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 15, 2005 (30 MoReg 2400). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Corrections, State Board of Probation and Parole received one (1) comment from the Missouri Association for Social Welfare on the proposed rule.

COMMENT: The Missouri Association for Social Welfare commented that the rule did not include a definition for indigent. RESPONSE AND EXPLANATION OF CHANGE: All references made to "indigency" have been removed from the rule. This term has been replaced with "insufficient income." Section (1) has been changed to include (E), a definition of "income" and (F), a definition of "family member."

14 CSR 80-5.010 Definitions for Intervention Fee

(1) For the purpose of 14 CSR 80-5:

(C) The term "waiver" means an offender is relieved of an obligation to pay all or part of the intervention fee, as authorized by the supervising officer and the district administrator;

(D) "Willful nonpayment" means the offender refuses to pay the intervention fee despite having sufficient financial assets to pay the fee;

(E) The term "income" refers to gross earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension and retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational

assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits, such as food stamps and housing subsidies, are not considered income; and

(F) The term "family member" means any relative, by blood or marriage, who resides in the same household. Non-relatives, such as housemates, are not included.

**Title 14—DEPARTMENT OF CORRECTIONS
Division 80—State Board of Probation and Parole
Chapter 5—Intervention Fee**

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Corrections under sections 217.040 and 217.755, RSMo 2000 and 217.690, RSMo Supp. 2005, the board adopts a rule as follows:

14 CSR 80-5.020 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 15, 2005 (30 MoReg 2400-2405). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Corrections, State Board of Probation and Parole received eight (8) comments from the Missouri Association for Social Welfare and Probation and Parole staff made changes for clarification purposes to the proposed rule.

COMMENT: The Missouri Association for Social Welfare commented that a means test be established for determining an ability to pay standard.

RESPONSE AND EXPLANATION OF CHANGE: Subsection (1)(H) has been changed to include the means to determine if an offender meets the criteria of being deemed to have insufficient income. The "Request for Waiver of Intervention Fees" form has been added as well. The form includes the tool used to determine insufficient income.

COMMENT: The Missouri Association for Social Welfare commented that there should be a three (3) to six (6) month grace period from the time an individual is released from a correctional center prior to the implementation of the fee.

RESPONSE: Offenders are required to obtain and maintain full-time employment according to the conditions of release (unless disabled, etc). If their income is insufficient per the criteria, the offender is eligible for a waiver until their income exceeds the threshold. The changes in subsection (1)(H) address the criteria needed to verify insufficient income. No changes were made to the rule as a result of this specific comment.

COMMENT: The Missouri Association for Social Welfare commented that the geographical location of an offender's residence regarding cost of living should be taken into consideration regarding assessment of income and ability to pay.

RESPONSE AND EXPLANATION OF CHANGE: The State Board of Probation and Parole recognizes the difference in the cost of living and disparity of wages throughout the state's geographic locations. Therefore, the U.S. Department of Health and Human Services Poverty Guidelines were used which are believed to be fair and consistent. The changes in subsection (1)(H) address the criteria needed to verify inability to pay.

COMMENT: The Missouri Association for Social Welfare recommended that an assessment regarding income be conducted when an

individual is initially placed on supervision instead of waiting for an instance of nonpayment.

RESPONSE: The supervising officer will conduct an initial assessment as well as ongoing assessments throughout the supervision period regarding the offender's financial means. Financial obligations among many other issues are continually addressed and discussed between the officer and offender. No changes were made to the rule as a result of this comment.

COMMENT: The Missouri Association for Social Welfare recommended that a policy be established determining what constitutes the removal of an offender from indigent status.

RESPONSE AND EXPLANATION OF CHANGE: The changes in subsection (1)(H) address the issue that if the supervising officer, at any time, determines that the offender is again capable of paying monthly intervention fees, the waiver alleviating the offender from paying (based upon insufficient income criteria) may be rescinded.

COMMENT: The Missouri Association for Social Welfare was concerned that if an offender becomes three (3) months in arrears on payments, in the cumulative, during a longer time period, a violation report will be issued. They felt this did not take into consideration a person's history of good payment or positive intentions.

RESPONSE: A violation report is used as a supervision tool to address an offender's issues. If an offender misses three (3) payments, in the cumulative, the officer will address the nonpayment with the offender and document such in a violation report. No changes were made to the rule as a result of this comment.

COMMENT: The Missouri Association for Social Welfare commented that there are no rules as to what occurs after the offender is directed to attend specific programs or services that will assist him/her in addressing their inability to pay. The issue of concern was that the program or service may not be easily available or accessible to the offender.

RESPONSE AND EXPLANATION OF CHANGE: Subsection (1)(I) has been changed to include the word "should" instead of "will" when referring to an officer's responsibility of directing offenders to specific programs or services. The supervising officer will continually assess the offender's situation and will only direct the offender to programs that are reasonably accessible to him/her. The probation and parole officer is a responsible and trained professional position that is given the responsibility of employing strategies utilizing community resources to ensure effective supervision. No changes were made to the rule as a result of this specific comment.

COMMENT: The Missouri Association for Social Welfare recommended that the term "welfare" be replaced with "Temporary Assistance for Needy Families" on the Offender Financial Assessment form.

RESPONSE AND EXPLANATION OF CHANGE: The Offender Financial Assessment form has been deleted from the proposed rule.

COMMENT: State Board of Probation and Parole staff noted these additional changes to the wording of the rule for clarification purposes.

RESPONSE AND EXPLANATION OF CHANGES: Subsection (1)(B) has been changed to add the effective date of April 30, 2006, of the rule in both paragraphs 1 and 2. In addition, the word "written" has been deleted from paragraph 2. when referring to the type of directive an offender will be issued. Subsection (1)(C) has been changed to add the phrase "cashier's check" regarding what type of payment will be accepted. Subsection (1)(D) has been changed to include that if the case is active on or after the first day of the month in which the case is suspended and closed, the fee will be assessed for that month when determining fees owed by absconders. Subsection (1)(E) has been changed to correct the word "offender" to "offenders" in paragraph 1. Subsection (1)(E) has been changed to

add the phrase “drug court” as a program that is exempt from paying the intervention fee. Subsection (1)(F) has been changed to include when “offender departs Missouri for the receiving state” instead of when the “receiving state submits a Notice of Arrival” to clarify when fees will be terminated for interstate transfer cases. Subsection (1)(I) has been changed to add the word “that” when referring to the offender in paragraph 1. Subsection (1)(I) has been changed to add the phrase “supervising officer shall contact the” and delete the phrase “will be contacted” in paragraph 1. Subsection (1)(I) has been changed to add the word “willful” when referring to the nonpayment of intervention fees sanctions. Subsection (1)(I) has been changed to remove “Asset interception and/or wage garnishment” from the sanctions for nonpayment of intervention fees.

14 CSR 80-5.020 Intervention Fee Procedure

(1) The following procedures apply to the collection of an offender intervention fee.

(B) Offenders shall be notified of the intervention fee in the following ways:

1. Offenders assigned to supervision on or after April 30, 2006, shall sign the revised Order of Probation/Parole which includes the condition requiring payment of the intervention fee; or

2. Offenders under supervision before April 30, 2006, shall be issued a directive pursuant to Written Directive Condition #8, included herein, requiring payment of the intervention fee.

(C) Fees will be collected as follows:

1. Offenders shall be provided instructions on payment methods and procedures. Staff shall not accept money in any form from an offender;

2. The intervention fee shall be due on the first day of the first full month following placement under board supervision on probation, parole, or conditional release;

3. Payments shall be deemed delinquent after the fifteenth day of the month, including the final month of supervision;

4. Pre-printed envelopes, payment vouchers, and payment instructions will be provided to the offender; and

5. Payment instructions to the offender will indicate the following:

A. Payments must be submitted directly to the designated collection authority. Probation and parole staff will not accept payments;

B. Only money orders and cashier's checks will be accepted. Personal checks and cash will not be accepted;

C. The completed payment voucher shall accompany the payment; and

D. Payments may not be made in advance and shall be submitted on or after the first working day of the month for which the payment is being made.

(D) Should an offender be declared an absconder, intervention fees will continue to accrue until such time as the case is closed. If the case is active on or after the first day of the month in which the case is suspended and closed, the fee will be assessed for that month.

(E) Offenders will be exempted from paying intervention fees under the following circumstances:

1. In that offenders in community release centers, residential facilities, and in the Electronic Monitoring Program already pay a daily maintenance or program fee, intervention fees will be exempt in these cases. Intervention fees will start or resume on the first day of the month following release from these facilities or programs; and

2. Pre-trial, drug court and deferred prosecution cases are exempted from paying the intervention fee.

(F) If the case is an interstate transfer, once the offender departs Missouri for the receiving state collection of intervention fees will be terminated.

(H) If an offender is unable to pay because of having insufficient income, fees may be waived in whole or in part. In these cases the following steps shall be taken:

1. Offenders, whose total verified income is at or below the insufficient income criteria, may be considered for a waiver. Unemployed offenders capable of being gainfully employed are not eligible for a waiver. An offender's income is considered insufficient if it is at or below the amount shown in the Insufficient Income Criteria chart included in the Request for Waiver of Intervention Fees, included herein. Income from all family members in the household is used to calculate whether the waiver is appropriate. If a person lives with a family, the combined income of all family members will be used (non-relatives, such as housemates, do not count). For a waiver to be considered, the offender must provide appropriate records to document household income.

2. Once the officer verifies the offender meets one of the waiver criteria above, the officer will complete the Request for Waiver of Intervention Fees form and submit it to the district administrator for approval.

3. If approved, waivers are valid for a maximum of ninety (90) days. The district administrator shall make the waiver entry into the computer system. If the officer determines the waiver should be renewed beyond that point, a new Request for Waiver of Intervention Fees form must be submitted for approval. However, at any point the officer determines that the offender is again capable of paying monthly intervention fees, supervisory approval is not necessary to rescind the waiver.

(I) The following process for sanctions regarding nonpayment shall be applied:

1. Within ten (10) working days of becoming aware that an offender has failed to submit the intervention fee, the supervising officer shall contact the offender in writing, by phone, or in person to remind them of the payment obligation;

2. The supervising officer should direct the offender to specific programs or services that will assist him/her in addressing their inability to pay (i.e., financial management program, employment counseling and/or job seeking classes, substance abuse counseling, mental health counseling, etc.);

3. The supervising officer shall establish a payment plan, via a written directive, with the offender, to address any arrearage within a reasonable time, given the offender's individual circumstances;

4. Should the offender become three (3) months in arrears on intervention fee payments, either consecutively or in the cumulative, or it is determined the offender is willfully failing to submit the required payments, the supervising officer shall submit a violation report;

5. Offenders who are not current on their intervention fee payments shall not be eligible for transfer to minimum supervision, interstate transfer or early discharge consideration;

6. Sanctions for willful nonpayment of intervention fees include, but are not limited to the following:

A. Written reprimand from district administrator or parole board;

B. Travel restriction;

C. Community service;

D. Increased level of supervision; and

E. Shock detention; and

7. Unpaid intervention fees owed by offenders committed to the Division of Adult Institutions (DAI) will be collected from the inmate's account.



REQUEST FOR WAIVER OF INTERVENTION FEES

OFFENDER NAME	DOC NUMBER	DATE
NUMBER OF ADULTS IN HOUSEHOLD	NUMBER OF ADULTS WITH INCOME	NUMBER OF DEPENDENTS

REASON FOR WAIVER REQUEST

<input type="checkbox"/> CONFINED	DATE CONFINED	ANTICIPATED RELEASE DATE
<input type="checkbox"/> EMP, CRC, RF	DATE BEGAN	PROJECTED COMPLETION DATE
<input type="checkbox"/> INSUFFICIENT INCOME		

INSUFFICIENT INCOME CRITERIA

CHECK WHICH APPLIES	PERSONS IN FAMILY UNIT	ANNUAL INCOME	MONTHLY INCOME	VERIFIED TOTAL INCOME
<input type="checkbox"/>	1	\$9,570	\$798	
<input type="checkbox"/>	2	\$12,830	\$1,069	
<input type="checkbox"/>	3	\$16,090	\$1,341	
<input type="checkbox"/>	4	\$19,350	\$1,613	
<input type="checkbox"/>	5	\$22,610	\$1,884	
<input type="checkbox"/>	6	\$25,870	\$2,156	
<input type="checkbox"/>	7	\$29,130	\$2,428	
<input type="checkbox"/>	8	\$32,390	\$2,699	
	Each additional person, add	\$3,260	\$272	

(Figures are based on 2005 U.S. Dept. of Health and Human Services Poverty Guidelines)

NOTE: Hourly wage may be multiplied by 168 to compute the approximate monthly income.

OFFICER / NUMBER	DATE
DISTRICT ADMINISTRATOR	DATE
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
WAIVER EFFECTIVE DATE:	WAIVER EXPIRATION DATE:



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
BOARD OF PROBATION & PAROLE
WRITTEN DIRECTIVE

OFFENDER NAME	DOC NUMBER
<p>Condition #8 - Reporting/Directives: I will report as directed to my Probation & Parole Officer. I agree to abide by any directives given me by my Probation and Parole Officer.</p> <p>You are being directed under Condition #8 - Reporting/Directives of your Probation/Parole to:</p> <p>Pay a monthly Intervention Fee of \$30.00, as required by 217.690 RSMo, for the term of your supervision, beginning _____. Payments are due and payable on the first day of each month.</p> <p>Failure to comply with this directive will place you in violation of your probation/parole and may result in a violation report being submitted to the Court/Board, a warrant being issued for your arrest, and/or the revocation of your probation/parole.</p> <p>I have read, or have had read to me, and I understand the above directive(s). I acknowledge that I have received a copy of this directive. Should I desire to appeal, the first step is to appeal to the District Administrator. If necessary, I may then appeal to the Court/Board.</p>	
OFFENDER SIGNATURE	DATE
OFFICER SIGNATURE	DATE

Title 16—RETIREMENT SYSTEMS
Division 10—The Public School Retirement System
of Missouri
Chapter 5—Retirement, Options and Benefits

ORDER OF RULEMAKING

By the authority vested in the board of trustees under section 169.020, RSMo Supp. 2005, the board of trustees hereby amends a rule as follows:

16 CSR 10-5.030 Beneficiary is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2005 (30 MoReg 2498–2499). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 16—RETIREMENT SYSTEMS
Division 10—The Public School Retirement System
of Missouri
Chapter 6—The Public Education Employee Retirement
System of Missouri

ORDER OF RULEMAKING

By the authority vested in the board of trustees under section 169.610, RSMo Supp. 2005, the board of trustees hereby amends a rule as follows:

16 CSR 10-6.090 Beneficiary is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2005 (30 MoReg 2499). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under sections 192.006 and 197.080, RSMo 2000 and 197.154 and 197.293, RSMo Supp. 2005, the department amends a rule as follows:

19 CSR 30-20.011 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2177–2179). The sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services received two (2) comments on the proposed amendment.

COMMENT: A state association of nurse anesthetists commented that they believed the proposed amendment to 19 CSR 30-20.011 is premature. The association stated that the “initial rules” that HB 390, First Regular Session, 92nd General Assembly, required to be promulgated by the Board of Registration for Healing Arts have not “become effective” and have never been promulgated or published for comment. The association further believes that no “specific appropriation” for the purpose of administering HB 390 has ever been made. The association stated that because neither of the conditions set forth by the legislature for commencement of “licensing activity or other statutory requirements” have been met, that the proposed amendment lacks statutory authority. The association further believes that this rule amendment omits reference to statutory limitations regarding the practice of anesthesiologist assistants as contained in HB 390.

The association also indicated that they find the public and private costs of the proposed amendments included in the fiscal notes to be questionable. They believe the proposed amendments will cost state agencies, political subdivisions and private entities no more than five hundred dollars (\$500) in the aggregate would be true only if the proposed amendments are withdrawn. The association suggested that if the proposed amendments are finalized, the costs should be more carefully analyzed to develop the actual costs. The association believes that the statement that there is no cost because ambulatory surgical centers and hospitals are not required by the regulations to hire anesthesiology assistants is specious.

RESPONSE AND EXPLANATION OF CHANGE: Based on the association’s comments, department program staff and legal counsel reviewed the provisions of HB 390 again. Department staff also talked with Board of Healing Arts staff regarding the status of their anesthesiologist assistant rules. The department is withdrawing the definition of anesthesiologist assistant from the amended rule pending the Board of Healing Arts completion of their rules and promulgation of those rules. After the Board of Healing Arts rules are promulgated, the department will determine, based on those rules, what changes should be made to the hospital rules.

The department does not believe there to be a cost to any entities for the establishment of standardized definitions of terms. No fiscal note accompanied the proposed amendment. The withdrawal of the definition of anesthesiologist assistant does not impact that analysis.

COMMENT: A hospital system infection control and epidemiology consortium submitted a comment about the definition of an infection control practitioner. The consortium believes the definition may be misleading and suggests that the wording be changed to prevent the misinterpretation that a nurse must have a bachelor’s degree in laboratory science.

RESPONSE: The wording of the definition was developed by the Infection Control Advisory Panel. During the development of the definition, the panel attempted to reflect current practice. The panel realized that in dealing with both large and small facilities, the infection control officers have a variety of backgrounds. There was no intent to require a nurse to have a bachelor’s degree in laboratory science. The department reviewed the wording of the definition and believes that it is not misleading. No change is being made to the definition.

19 CSR 30-20.011 Definitions Relating to Hospitals

(2) Anesthetizing location—An area or room in which it is intended to administer any flammable or nonflammable inhalation anesthetic agents in the course of examination or treatment.

(3) APLS—The American College of Emergency Physician’s advanced pediatric life support program. APLS may be used interchangeably with PALS where required.

(4) ATLS—The American College of Surgeon's advanced trauma life support program.

(5) Authenticate—To prove authorship, for example, by written signature, identifiable initials or computer key. The use of rubber stamp signatures is acceptable only under the following conditions:

(A) The individual whose signature the rubber stamp represents is the only one who has possession of the stamp and is the only one who uses it; and

(B) The individual places in the administrative office of the hospital, with a copy to the medical records director, a signed statement to the effect that s/he is the only one who has the stamp and is the only one who will use it.

(6) Biological safety cabinet—A containment unit suitable for the preparation of low to moderate risk agents where there is a need for protection of the product, personnel and environment, according to National Safety Foundation, Standard 49.

(7) Board-admissible—That a physician has applied to a specialty board and has received a ruling that s/he has fulfilled the requirements to take the certification examinations. Board certification must be obtained within five (5) years after completion of the residency.

(8) Board-certified—That a physician has fulfilled all requirements, has satisfactorily completed all written and oral examinations and has been awarded a board diploma in a specialty field.

(9) Certified registered nurse anesthetist—A registered nurse who has graduated from a school of nurse anesthesia accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia or its predecessor and has been certified or is eligible for certification as a nurse anesthetist by the Council on Certification of Nurse Anesthetists.

(10) Chief executive officer—The individual appointed by the governing body to act in its behalf in the overall management of the hospital. Job titles may include administrator, superintendent, director, executive director, president, vice president and executive vice president.

(11) Chief operating officer—The individual appointed by the chief executive officer on behalf of the governing body or the individual who is responsible for the management of one (1) hospital in a multi-hospital organization under the direction of the chief executive officer of the organization.

(12) Class II biological safety cabinet—A ventilated cabinet for personnel, product and environmental protection having an open front with inward airflow for personnel protection, high-efficiency-particulate-air (HEPA)-filtered laminar airflow for product protection and HEPA-filtered exhausted air for environmental protection.

(13) Class 100 environment—An atmospheric environment which contains less than one hundred (100) particles five-tenths (0.5) microns or larger in diameter per cubic foot of air, according to federal standard 209E.

(14) Dentist—An individual who has received a Doctor of Dental Surgery or Doctor of Dental Medicine degree and is currently licensed to practice dentistry in Missouri.

(15) Department—Missouri Department of Health and Senior Services.

(16) Hospital emergency transfer policy—A document that represents the usual and customary practices of a hospital with respect to the transfer of patients. The department uses objective indicators of

patient status in relation to hospital capabilities to identify general classifications of patients who should be considered for transfer to a hospital with the necessary capabilities, and indicates the general classifications of patients the hospital has the capabilities to receive through emergency transfer from another hospital. The hospital emergency transfer policy does not supersede the authority of a physician to determine whether patients should be transferred on a case-by-case basis, but serves as an institutional baseline to assist physician staff in providing consistent care decisions and is utilized for quality assurance review.

(17) Independent licensed practitioner—An individual who is a graduate of a professional school and is licensed to practice as a health care provider in Missouri.

(18) Infection control officer—An individual who is a licensed physician, licensed registered nurse, has a bachelor's degree in laboratory science or has similar qualifications and has additional training or education preparation in infection control, infectious diseases, epidemiology and principles of quality improvement.

(19) Infectious waste—Waste capable of producing an infectious disease. For a waste to be infectious, it must contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease. Infectious waste shall include the following categories:

(A) Blood and blood products—All human blood and blood products including serum, plasma and other components known or suspected to be contaminated with a transmissible infectious agent;

(B) Contaminated surgical, dialysis and laboratory wastes—Wastes generated by surgery, dialysis and laboratory departments in the process of caring for hospital patients who have communicable diseases capable of being transmitted to others via those wastes;

(C) Cultures and stocks of infectious agents and associated biologicals—Cultures and stocks of infectious agents shall be designated as infectious waste because of the high concentrations of pathogenic organisms typically present in these materials. Included in this category are all cultures and stocks of infectious organisms as well as culture dishes and devices used to transfer, inoculate and mix cultures. Also included are animal carcasses, body parts and bedding from animals contaminated with infectious agents;

(D) Isolation wastes—Wastes generated by hospitalized patients who have communicable diseases capable of being transmitted to others via those wastes;

(E) Pathology wastes—Autopsy wastes which consist of tissues, organs, body parts and body fluids that are removed during surgery and autopsy. All these wastes shall be considered infectious waste; and

(F) Sharps—All discarded sharps including hypodermic needles, syringes and scalpel blades. Broken glass or other sharp items that have come in contact with material defined as infectious are included.

(20) Inpatient—A person admitted into a hospital by a member of the medical staff for diagnosis, treatment or care.

(21) Medical services—Those preventive, diagnostic and therapeutic measures performed by, or at the request of, members of the medical staff or an independent licensed practitioner in outpatient services.

(22) Operator—Shall mean any person as defined by section 197.020, RSMo who is licensed or required to be licensed under the provisions of sections 197.020–197.120, RSMo to establish, conduct or maintain a hospital. The term person shall mean any person determined by the department to have the following:

(A) Ultimate responsibility for making and implementing decisions regarding the operation of the hospital; and

(B) Ultimate financial control of the operation of the hospital.

(23) PALS—The American Heart Association's pediatric advanced life support program. PALS may be used interchangeably with APLS where required.

(24) Pharmacist—An individual who is a graduate of a school or college of pharmacy and is currently licensed to practice pharmacy in Missouri.

(25) Physician—An individual who has received a Doctor of Medicine or Doctor of Osteopathy degree and is currently licensed to practice medicine in Missouri.

(26) Podiatrist—An individual who has received a Doctor of Podiatric Medicine degree and is currently licensed to practice podiatry in Missouri.

(27) Psychologist—An individual who is currently licensed by the State Committee of Psychologists under the provisions of Chapter 337, RSMo.

(28) Qualified dietitian—An individual who is registered by the Commission on Dietetic Registration of the American Dietetic Association or who has the documented equivalent in education, training and experience, with evidence of relevant continuing education.

(29) Qualified medical record administrator—A registered record administrator who has successfully passed an appropriate examination conducted by the American Medical Record Association or who has the document equivalent in education and training.

(30) Qualified medical record technician—An accredited record technician who has successfully passed the appropriate accreditation examination conducted by the American Medical Record Association or who has the documented equivalent in education and training.

(31) Qualified occupational therapist—An individual who is a graduate of an occupational therapy program approved by a nationally recognized accrediting body, or who currently holds certification by the American Occupational Therapy Association as an occupational therapist or who has the documented equivalent in training or experience and is currently competent in the field.

(32) Qualified physical therapist—An individual who is licensed to practice professional physical therapy in Missouri.

(33) Qualified radiologic technologist—An individual who is a graduate of a program in radiologic technology approved by the Council on Medical Education of the American Medical Association or who has the documented equivalent in education and training.

(34) Qualified social worker—A licensed clinical social worker or a person who has a bachelor's degree in social work or a master's degree in social work.

(35) Registered nurse—An individual who is a graduate of an approved school of nursing and who is licensed to practice as a registered nurse in Missouri.

(36) Registered or certified respiratory therapist—An individual who has been registered or certified by the National Board for Respiratory Therapy, Inc. after successfully completing all education, experience and examination requirements or an individual who has been registered or certified prior to November 11, 1982, by an organization acceptable to the Department of Health and Senior Services.

(37) Root cause analysis—A process for identifying the basic or causal factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event.

(38) Sentinel event—An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

(39) Special care unit—An appropriately equipped area of the hospital where there is a concentration of physicians, nurses and others who have special skills and experience to provide optimal medical care for critically-ill patients.

(40) Transfer agreement—A document which sets forth the rights and responsibilities of two (2) hospitals regarding the interhospital transfer of patients.

(41) Unit—A functional division or facility of the hospital.

(42) Diversion—A plan to temporarily close a hospital emergency department to ambulance traffic. This may be due to the emergency department being overwhelmed with significantly critically ill or injured patients, or an overwhelming number of minor emergency patients, to the extent that the hospital is unable to provide quality care or protect the health or welfare of the patients it serves. A diversion also may be implemented if the hospital has resource limitations, such as, no available beds in specialty care units or general acute care, no surgical suites or shortages of equipment or personnel.

(A) Defined service area—The geographic area served by a defined group of hospitals and emergency services. In areas where there is a community-based emergency medical services diversion plan, the service area(s) defined as the catchment area by the plan will be the defined service area(s). In areas where there is not a community-based emergency medical services diversion plan, the defined service area will be a twenty (20)-mile radius from a hospital.

(43) Immediate and serious threat—Having caused, or is likely to cause, serious injury, harm, impairment, or death to a patient.

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30—Ambulatory Surgical Centers**

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under sections 197.225, RSMo 2000 and 197.154, RSMo Supp. 2005, the department amends a rule as follows:

19 CSR 30-30.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2179-2181). The section with changes is reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services received one (1) comment on the proposed amendment:

COMMENT: A state association of nurse anesthetists provided several comments about the rule:

1. The association indicated that they believed the proposed amendment at 19 CSR 30-30.010 as it pertains to anesthesiologist assistants is premature. The association stated that the "initial rules" that HB 390, First Regular Session, 92nd General Assembly, required to be promulgated by the Board of Registration for Healing Arts have not "become effective" and have never been promulgated or published for comment. The association further believes that no "specific appropriation" for the purpose of administering HB 390 has ever been made. The association stated that because neither of the conditions set forth by the legislature for commencement of "licensing activity or other statutory requirements" have been met, that the proposed amendment lacks statutory authority and the proposed amendment should be withdrawn.

2. The association stated that HB 390 only deals with anesthesiologist assistant practice in hospitals and made no reference to ambulatory surgical centers. The association specifically cited section 334.426 of HB 390 as indicating that practice in hospitals only was authorized. The association therefore concluded that there was no statutory basis for the proposed amendment regarding anesthesiologist assistants. They suggest that the department withdraw the proposed amendment.

3. The association further believes that this rule amendment omits reference to statutory limitations regarding the practice of anesthesiologist assistants as contained in HB 390. The association stated that HB 390 only allows anesthesiologist assistants to assist the supervising anesthesiologist with spinal, epidural and other regional anesthesia. The association suggests that the proposed amendment be withdrawn.

4. The association also indicated that they find the public and private costs of the proposed amendments included in the fiscal notes to be questionable. They believe the statement that the proposed amendments will cost state agencies, political subdivisions and private entities no more than five hundred dollars (\$500) in the aggregate would be true only if the proposed amendments are withdrawn. The association suggested that if the proposed amendments are finalized, the costs should be more carefully analyzed to develop the actual costs. The association believes that the statement that there is no cost because ambulatory surgical centers and hospitals are not required by the regulations to hire anesthesiologist assistants is specious.

RESPONSE AND EXPLANATION OF CHANGE: Based on the association's comments, department program staff and legal counsel reviewed the provisions of HB 390 again. Department staff also talked with Board of Healing Arts staff regarding the status of their anesthesiologist assistant rules. The department is withdrawing the definition of anesthesiologist assistant from the amended rule pending the Board of Healing Arts completion of their rules and promulgation of those rules. After the Board of Healing Arts rules are promulgated, the department will determine, based on those rules, what changes should be made to the hospital rules.

The department does not believe there to be a cost to any entities for the establishment of standardized definitions of terms. No fiscal note accompanied the proposed amendment. The withdrawal of the definition of anesthesiologist assistant does not impact that analysis.

EXPLANATION OF ADDITIONAL CHANGE: In the proposed amendment to this rule, the department proposed to amend existing subsection (1)(G) to redefine the department as the Department of Health and Senior Services. In its final order of rulemaking filed December 27, 2005, the definition of department (now found in subsection (1)(F)) was inadvertently reverted back to "Department of Health."

19 CSR 30-30.010 Definitions and Procedures for Licensing Ambulatory Surgical Centers

(1) Definitions.

(A) Administrator means a person who is delegated the responsibility of carrying out the policies and programs established by the governing body.

(B) Ambulatory surgical center. Any public or private establishment operated primarily for the purpose of performing surgical procedures or primarily for the purpose of delivering newborns, and which does not provide services or other accommodations for patients to stay more than twelve (12) hours within the establishment. However, nothing in this definition shall be construed to include the offices of dentists currently licensed under Chapter 332, RSMo.

1. A facility operated primarily for the purpose of performing surgical procedures is one that provides surgical services to fifty-one percent (51%) or more of the patients treated or seen for any health condition, or one that derives fifty-one percent (51%) or more of its revenues from the provision of surgical services or related procedures.

2. The term ambulatory surgical center does not apply to any facility licensed as part of a hospital or any facility used as an office or clinic for the private practice of a physician, dentist or podiatrist.

3. A facility licensed as an ambulatory surgical center shall not use the term hospital in the name of the facility without approval of the Department of Health and Senior Services.

(C) Anesthesiologist. A physician licensed under Chapter 334, RSMo who has successfully completed a postgraduate medical education program in anesthesiology approved by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association.

(D) Certified nurse anesthetist. A registered nurse licensed under Chapter 335, RSMo who has been graduated from a school of nurse anesthesia accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia or its predecessor, and is certified or is eligible for certification as a nurse anesthetist by the Council on Certification of Nurse Anesthetists.

(E) Dentist means a person licensed to practice dentistry pursuant to Chapter 332, RSMo.

(F) Department means the Department of Health and Senior Services.

(G) Governing body means an individual owner, partnership, corporation or other legally established authority in whom the ultimate authority and responsibility for management of the ambulatory surgical center is vested.

(H) Governmental unit means any city, county or other political subdivision of this state, or any department, division, board or other agency of any political subdivision of this state.

(I) Infection control officer. An individual who is a licensed physician, licensed registered nurse, has a bachelor's degree in laboratory science, or has similar qualifications and has additional training or educational preparation in infection control, infectious diseases, epidemiology and principles of quality improvement.

(J) Licensed practical nurse (LPN). A person who holds a valid license issued by the State Board of Nursing pursuant to Chapter 335, RSMo.

(K) Medical staff. A formal organization of physicians which may include dentists and podiatrists who are appointed by the governing body to attend patients within the ambulatory surgical center.

(L) Patient. A person admitted to the ambulatory surgical center by and upon the order of a physician, or dentist, or podiatrist in accordance with the orders of a physician.

(M) Person. Any individual, firm, partnership, corporation, company or association, or the legal successors of any of them.

(N) Physician means a person licensed to practice medicine pursuant to Chapter 334, RSMo and who has active or associate staff membership and privileges in a licensed hospital in the community.

(O) Physician with training or experience in the administration of anesthetics. A person licensed to practice medicine under Chapter 334, RSMo whose training and experience (credentials) have been evaluated by the medical staff and privileges granted to direct the anesthesia service or to administer anesthetics or both.

(P) Podiatrist means a person licensed to practice podiatry pursuant to Chapter 330, RSMo.

(Q) Qualified anesthesia personnel. An anesthesiologist who is a physician with training or experience in the administering of anesthetics or a certified registered nurse anesthetist.

(R) Registered nurse (RN). A person who holds a valid license issued by the State Board of Nursing pursuant to Chapter 335, RSMo.

(S) Root cause analysis. A process for identifying the basic or causal factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event.

(T) Sentinel event. An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a reoccurrence would carry a significant chance of a serious adverse outcome.

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30—Ambulatory Surgical Centers**

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under sections 197.225, RSMo 2000 and 197.154, RSMo Supp. 2005, the department amends a rule as follows:

19 CSR 30-30.020 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2181-2186). The sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services received three (3) comments on the proposed amendment.

COMMENT: An association representing physicians throughout the state objected to the proposed paragraph 19 CSR 30-30.020(1)(C)9. regarding the use of overtime for nurses. The association believes the proposed paragraph is arbitrary and capricious and beyond the department's statutory authority. The association believes the paragraph establishes arbitrary overtime restrictions. The association further commented that they do not believe the department's authority and duty to adopt regulations to assure quality care and patient safety extends into the realm of contractual arrangements and labor relations. The association stated that they are unaware of any quality of care issue or threat to patient safety that needs to be addressed in the proposed manner. The association also questioned why the same regulations would not also be applied to hospitals. The association recommended that the paragraph be stricken from the final order of rulemaking.

RESPONSE AND EXPLANATION OF CHANGE: Section 197.225, RSMo, gives the Department of Health and Senior Services authority to adopt reasonable rules, regulations and standards to assure quality patient care and patient safety. The department believes that the proposed amendment regarding overtime by nurses is needed to assure quality patient care and safety. There is published evidence indicating that the quality of care provided by nurses diminishes after a certain number of hours of work, which can be a danger to patient safety. (Examples: *The Working Hours of Hospital Staff Nurses and Patient Safety* by Ann E. Rogers, et al, 2004; *Keeping Patients Safe: Transforming the Work Environment of Nurses*, Institute of Medicine, 2003.) The same language regarding overtime of nurses was also proposed as an amendment to the regulations for hospitals (19 CSR 30-20.021 Organization and

Management for Hospitals). It was printed in the *Missouri Register* on October 3, 2005 (30 MoReg 2070-2083). No changes to the rule amendment are being made based on this comment. However, the department did receive comments about the nurse overtime in a corresponding proposed amendment to 19 CSR 30-20.021 Organization and Management for Hospitals. To ensure consistency between these two (2) rules, the same changes are being made to this rule as are being made to 19 CSR 30-20.021. Those changes include changing 19 CSR 30-30.020(1)(C)9.A.(IV) to indicate that multiple contracted temporary agencies can be used and changing 19 CSR 30-30.020(1)(C)9.B. to specifically reference the reasonable effort standard used in 9.A.

COMMENT: A professional nurses association submitted a comment in support of the proposed rules regarding nurses' overtime.

RESPONSE: None required.

COMMENT: A state association of nurse anesthetists provided several comments about the rule:

1. The association indicated that they believed the proposed amendment at 19 CSR 30-30.020 is premature. The association stated that the "initial rules" that HB 390, First Regular Session, 92nd General Assembly, required to be promulgated by the Board of Registration for Healing Arts have not "become effective" and have never been promulgated or published for comment. The association further believes that no "specific appropriation" for the purpose of administering HB 390 has ever been made. The association stated that because neither of the conditions set forth by the legislature for commencement of "licensing activity or other statutory requirements" have been met, that the proposed amendment lacks statutory authority.

2. The association stated that HB 390 only deals with anesthesiologist assistant practice in hospitals and made no reference to ambulatory surgical centers. The association specifically cited section 334.426 of HB 390 as indicating that practice in hospitals only was authorized. The association therefore concluded that there was no statutory basis for the proposed amendment regarding anesthesiologist assistants. They suggest that the department withdraw the proposed amendment.

3. The association further believes that this rule amendment omits reference to statutory limitations regarding the practice of anesthesiologist assistants as contained in HB 390. The association stated that HB 390 only allows anesthesiologist assistants to assist the supervising anesthesiologist with spinal, epidural and other regional anesthesia. The association suggests that the proposed amendment be withdrawn.

4. The association also indicated that they find the public and private costs of the proposed amendments included in the fiscal notes to be questionable. They believe the statement that the proposed amendments will cost state agencies, political subdivisions and private entities no more than five hundred dollars (\$500) in the aggregate would be true only if the proposed amendments are withdrawn. The association suggested that if the proposed amendments are finalized, the costs should be more carefully analyzed to develop the actual costs. The association believes that the statement that there is no cost because ambulatory surgical centers and hospitals are not required by the regulations to hire anesthesiology assistants is specious.

RESPONSE AND EXPLANATION OF CHANGE: Based on the association's comments, department program staff and legal counsel reviewed the provisions of HB 390 again. Department staff also talked with Board of Healing Arts staff regarding the status of their anesthesiologist assistant rules. The department is withdrawing the provisions of the proposed amendment related to anesthesiologist assistants. After the Board of Healing Arts completes and promulgates their rules regarding anesthesiologist assistants, the department will determine, based on those rules, what changes should be made to the ambulatory surgical center rules.

Fiscal notes related to the proposed rules were developed with input from statewide associations representing both hospitals and ambulatory surgical centers. We believe the amounts to be appropriate estimates of cost. The part of the rule amendment related to anesthesiologist assistants that is being deleted by the department would not require ambulatory surgical centers to use the services of anesthesiologist assistants. The department was merely providing facilities with the option if they wanted to use anesthesiologist assistants. Since it was not a requirement, our belief is that there would have been no associated costs, as was reflected in the fiscal note. Because the anesthesiologist assistant portion of the rule amendment is being deleted, the private entity fiscal note is being modified to remove any references to anesthesiologist assistants.

EXPLANATION OF ADDITIONAL CHANGES: The department did not receive any comments on the infection control provisions in the proposed amendment. However, the department did receive comments about the infection control provisions in a corresponding proposed amendment to 19 CSR 30-20.021 Organization and Management for Hospitals. To ensure consistency between these two (2) rules, the same changes are being made to this rule as are being made to 19 CSR 30-20.021. The changes in this rule include modifying 19 CSR 30-30.020(1)(K)4. to require that health care workers wash or sanitize his/her hands immediately before and immediately after each and every episode of patient care, rather than immediately before and immediately after each and every patient contact. Another change to the same paragraph was made to require the facility's procedures regarding surveillance to be in accordance with section 197.150, RSMo. The sentence regarding surveillance without the individual's knowledge was removed from the paragraph. A final change to the same paragraph was made to require the mechanism for reporting and monitoring infections to be approved by the ambulatory surgical center infection control committee.

EXPLANATION OF ADDITIONAL CHANGES: It was brought to the Department of Health and Senior Services' (DHSS) attention that there appeared to be a transposition of words in the last sentence of the order of rulemaking for 19 CSR 30-30.020(1)(K)4. which was filed with the Joint Committee on Administrative Rules on December 27, 2005. DHSS review of the wording confirmed that a transposition had occurred. The Rule Transmittal filed with JCAR for the original order of rulemaking included the correct wording, but the order of rulemaking document included the transposition. This amended order of rulemaking corrects the transposition of words that occurred in the last sentence of 19 CSR 30-30.020(1)(K)4.

Typographical errors appeared in sections (1)(C)9.E. and (1)(C)9.F. in the original final order of rulemaking, although these errors did not appear in the department's proposed amendment. This amended order of rulemaking corrects those errors and reverts back to the language contained in the proposed amendment.

19 CSR 30-30.020 Administration Standards for Ambulatory Surgical Centers

(1) Organization, Administration, Medical Staff, Nursing Staff and Supporting Services.

(C) Nursing Services.

1. There shall be an organized nursing service under the direction of a professional RN with postgraduate education or experience in surgical nursing.

2. There shall be at least one (1) professional RN on duty in the ambulatory surgical center at all times a patient is in the facility.

3. Written policies and procedures consistent with generally accepted nursing practices are to be developed for the direction and guidance of nursing personnel.

4. All licensed practical nurses and other nursing personnel involved in patient care shall be under the direct supervision of a professional RN.

5. At least one (1) professional RN other than the individual administering anesthesia shall be available in each operating room during surgical procedures.

6. At least one (1) RN shall be in the recovery room during the patients' postanesthetic recovery period at a ratio of no more than four (4) patients to one (1) nurse.

7. Nursing personnel are to be familiar with the location, operation and use of electrocardiogram (EKG or ECG) equipment, pulse oximeter, blood pressure equipment and emergency and resuscitative equipment.

8. There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of nursing services.

9. Policies shall be developed regarding the use of overtime. The policies shall be based on the following standards:

A. Overtime shall not be mandated for any licensed nursing personnel except when an unexpected nurse staffing shortage arises that involves a substantial risk to patient safety, in which case a reasonable effort must be applied to secure safe staffing before requiring the on-duty licensed nursing personnel to work overtime. Reasonable efforts undertaken shall be verified by the ambulatory surgical center. Reasonable efforts shall include pursuing all of the following:

(I) Reassigning on-duty staff;

(II) Seeking volunteers to work extra time from all available qualified nursing staff who are presently working;

(III) Contacting qualified off-duty employees who have made themselves available to work extra time, per diem staff, float pool and flex team nurses; and

(IV) Seeking personnel from a contracted temporary agency or agencies when such staffing is permitted by law or an applicable collective bargaining agreement and when the employer regularly uses the contracted temporary agency or agencies;

B. In the absence of nurse volunteers, float pool nurses, flex team nurses or contracted temporary agency staff secured by the reasonable efforts as described in (1)(C)9.A. and if qualified reassignments cannot be made, the ambulatory surgical center may require the nurse currently providing the patient care to fulfill his or her obligations based on the Missouri Nurse Practice Act by performing the patient care which is required;

C. The prohibition of mandatory overtime does not apply to overtime work that occurs because of an unforeseeable emergency or when an ambulatory surgical center and a subsection of nurses commit, in writing, to a set, predetermined staffing schedule or prescheduled on-call time. An unforeseeable emergency is defined as a period of unusual, unpredictable or unforeseeable circumstances such as, but not limited to, an act of terrorism, a disease outbreak, adverse weather conditions, or natural disasters which impact patient care and which prevent replacement staff from reporting for duty;

D. The facility is prohibited from requiring a nurse to work additional consecutive hours and from taking action against a nurse on the grounds that a nurse failed to work the additional hours or when a nurse declines to work additional consecutive hours beyond the nurse's predetermined schedule of hours because doing so may, in the nurse's judgement, jeopardize patient safety;

E. Subparagraph 19 CSR 30-30.020(1)(C)9.D. is not applicable if overtime is permitted under subparagraphs 19 CSR 30-30.020(1)(C)9.A., B., and C; and

F. Nurses required to work more than twelve (12) consecutive hours under subparagraphs 19 CSR 30-30.020(1)(C)9.A., B., or C. shall be provided the option to have at least ten (10) consecutive hours of uninterrupted off-duty time immediately following the worked time.

(E) Anesthesia Service.

1. The anesthesia service shall be under the direction of an anesthesiologist or a physician with training or experience in the administration of anesthetics. The clinical privileges of qualified anesthesia personnel shall be reviewed by the director of anesthesia service and the medical staff and approved by the governing body.

2. An anesthesiologist or physician with training or experience in the administration of anesthetics shall be on the premises and readily accessible during the administration of anesthetics whether local, general or intravenous sedation and the postanesthetic recovery period until all patients are alert or medically discharged. Qualified anesthesia personnel shall be present in the room throughout the conduct of all general anesthetics, regional anesthetics and monitored anesthesia care and shall continually evaluate the patient's oxygenation, ventilation, circulation and temperature. Oxygen analyzers, pulse oximeter and electrocardiography equipment shall be available.

3. Policies and procedures on the administration of anesthetics and drugs which produce conscious and deep sedation shall be developed by the medical staff in consultation with at least one (1) anesthesiologist and approved by the governing body.

4. Prior to undergoing general anesthesia, patients shall have a history and physical examination by a physician on the patient's record including the results of any necessary laboratory examinations. Each administration of a regional, general or intravenous sedation anesthetic shall be ordered by an anesthesiologist or a physician with training and experience in the administration of anesthetics. The patient records shall contain a preanesthetic evaluation and a postanesthetic note by qualified anesthesia personnel.

5. Periodic inspections shall be made of all areas where flammable anesthetics are administered or stored to insure safeguards are being observed by personnel and equipment meets safety standards. A written record of inspections shall be kept. If the administration of the facility provides written assurance to the Department of Health and Senior Services that no flammable anesthetics will be administered and the area is posted to that effect, safety inspections will not be required.

6. All anesthetics shall be administered by anesthesiologists, physicians with training or experience in the administration of anesthetics, or certified registered nurse anesthetists, except for local anesthetic agents which may be administered by the attending physician, dentist or podiatrist.

7. Written procedures and criteria for discharge from the recovery service shall be approved by the medical staff.

8. There shall be a mechanism for the review and evaluation on a regular basis of the quality and scope of anesthesia services.

(K) Infection Control.

1. There shall be an active multidisciplinary infection control committee responsible for implementing and monitoring the infection control program. The committee shall include, but not be limited to, the infection control officer, a member of the medical staff, registered professional nursing staff, quality improvement staff and administration. This program shall include measures for preventing, identifying, and investigating healthcare-associated infections (HAI) and shall establish procedures for: collecting data, conducting root cause analysis, reporting sentinel events and implementing corrective actions. These measures and procedures shall be applied throughout the ambulatory surgical center, including as part of the employee health program.

2. The ambulatory surgical center shall provide reports to the department as required by 19 CSR 10-33.050.

3. The infection control committee shall conduct an ongoing review and analysis of HAI data and risk factors. Priorities and goals related to preventing the acquisition and transmission of potentially infectious agents will be established based on risks identified.

4. Ambulatory surgical centers shall implement written policies and procedures outlining infection control measures for all patient care and support departments. These measures shall include, but are not limited to, an ambulatory surgical center-wide hand hygiene program that complies with the current Centers for Disease Control and Prevention (CDC) *Guideline for Hand Hygiene in Health-Care Settings*, which is incorporated by reference in this rule. A copy of the CDC *Guideline for Hand Hygiene in Health-Care Settings* may be obtained from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402-9371;

telephone: (202) 512-1800. This rule does not incorporate any subsequent amendments or additions. At a minimum, the program shall require every health care worker to properly wash or sanitize his or her hands immediately before and immediately after each and every episode of patient care. Procedures shall include, at a minimum, requirements for the facility's infection control program to conduct surveillance of personnel in accordance with section 197.150, RSMo. Surveillance procedures also may include monitoring the employees' and medical staff's use of hand hygiene products. A mechanism approved by the ambulatory surgical center infection control committee for reporting and monitoring patient and employee infections shall be developed and implemented for all patient care and support departments in the ambulatory surgical center.

5. Orientation and ongoing education shall be provided to all personnel on the cause, effect, transmission and prevention of infections.

6. There shall be a mechanism for the review and evaluation on a regular basis of the quality and effectiveness of infection control throughout the facility.

**REVISED
FISCAL NOTE
PRIVATE ENTITY COST**

I. RULE NUMBER

Title: 19 – Department of Health and Senior Services

Division: 30 – Division of Regulation and Licensure

Chapter: 30 – Ambulatory Surgical Centers

Type of Rule Making: Final Order

Rule Number and Name: 19 CSR 30-30.020 - Administration Standards for Ambulatory Surgical Centers

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
86	State Licensed Ambulatory Surgical Centers	\$951,232 (\$258,000 + \$693,232) the first year and \$693,232 annually thereafter

III. WORKSHEET

Type of Cost	# of Hospitals Affected	Cost per Hospital	One-time Cost	Annual Cost
Nosocomial Infections:				
Develop/revise policies/procedures & education	86	\$2,500	\$215,000	--
Compensation/education of infection control officer	86	\$7,500	--	\$645,000
Conducting root cause analysis	86	\$500	--	\$43,000
Monitoring hand-washing compliance	86	--	--	\$5,232
Overtime for Nurses	86	\$500	\$43,000	--
TOTAL			\$258,000	\$693,232

IV. ASSUMPTIONS

There are eighty-six (86) state licensed ambulatory surgical centers (ASC). All the licensed ASCs are private entities.

The Department of Health and Senior Services contacted 10% of the 86 licensed ASCs (9 facilities) to obtain information on number of employees. We obtained an average facility number based on this sample which we applied to the entire universe of 86 ASCs.

The proposed amendment includes three components:

1. Nosocomial infection requirements:

One-time costs: ASCs would incur a one-time cost to develop and/or revise policies and procedures to meet the requirements of the amended rule as well as educate staff and physicians about the changes. We estimate these costs would average \$2,500 per facility.

Annual costs: ASCs would incur annual costs related to compensation and education of an infection control officer and for additional staff to conduct root cause analysis and monitor compliance with hand-washing requirements.

Additional compensation and education for an infection control officer: We estimate the cost at \$7,500 per ASC.

Conducting root cause analysis: We estimate that all 86 licensed ASCs would need additional training on root cause analysis at a cost of approximately \$500 annually per ASC. The assumption is made that the actual root cause analysis function would be performed by the infection control officer and the infection control committee. The current regulatory requirements for ASCs already require that there be an active multidisciplinary infection control program, so no additional costs, other than training, are assumed.

Monitoring compliance with hand-washing requirements: A randomly selected sample of 10% of the 86 licensed ASCs (9 facilities) was contacted by telephone. This sample indicated an average of 15.89 physician/dentist/podiatrist staff at each facility. If applied to the entire number of 86 licensed ASCs, this results in 1,367 physician/dentist/podiatrist staff. The sample indicated an average of 8.44 licensed nursing personnel for an estimated 726 total. The sample indicated an average of .2 certified, but unlicensed, patient care personnel, for an estimated total of 17. The sample indicated an average of 2.22 unlicensed and uncertified patient care staff, for an estimated 191 total. The estimated grand total of patient care staff for all 86 ASCs is 2,301. If 50 percent or 1,151 of these staff were observed once during the year for 10 minutes each, an estimated 192 additional staff hours would be required to conduct hand washing surveillance ((1,151 staff observed X 10 minutes)/60 minutes per hour). The average hourly rate for a staff RN, per MIIA's 2004 annual compensation survey is \$21.80; including an additional 25 percent for benefits would give an hourly rate of \$27.25 for a total annual observation cost for all 86 ASC's of \$5,232.

2. Overtime for nurses:

ASCs would incur a one-time cost to revise their nursing policies regarding overtime and to educate staff in order to comply with the proposed amendment. We estimate a one-time average cost of \$500 per ASC.

Per information obtained from the Missouri Ambulatory Surgery Center Association, overtime is not widely used in ambulatory surgery centers. Therefore, it is believed that the annual cost to meet the requirements specified in the rule, whether through the ASC's own staff or through staffing agencies, is either \$0 for those facilities that do not use overtime or is already being incurred by the ASCs, and the proposed amendment would not increase the cost.

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 81—Certification**

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under sections 198.009 and 198.088, RSMo 2000, the department amends a rule as follows:

19 CSR 30-81.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2005 (30 MoReg 2499-2502). Changes have been made in the text of the proposed amendment in response to comments received. These changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: One set of comments was received by the Department of Health and Senior Services from Harvey M. Tettlebaum, Husch & Eppenger, LLC, on behalf of client Missouri Health Care Association addressing the proposed amendment.

COMMENT: The proposed amendment would modify 19 CSR 30-81.010 by changing certain definitions in section (1). There are two provisions in the proposed amendment which cause concern. Section (2) eliminates the description on the actual forms which must be included on the application for Medicaid certification and substitutes in their place the language "on forms approved by the department . . ." In order for the regulation to comply with the rule-making provisions in Chapter 536.021, RSMo, the forms should be specified or at least on file with the Office of the Secretary of State as part of the rule or notice of the action taken.

In paragraph (14)(D)4. the reference to the specific resident census form has been eliminated. As stated above, the form should be on file with the Office of the Secretary of State with notification thereof in the rule in order to comply with Chapter 536.021, RSMo.

The change in section (13) we believe is a good one and we applaud the department for allowing additional time for notification when there is a change of Administrator or Director of Nursing.

RESPONSE: The department did not make any changes to the proposed amendment in its original order of rulemaking.

EXPLANATION OF AMENDED ORDER OF RULEMAKING AND CHANGE: In its amended order of rulemaking the department, in response to comments received, incorporated forms by reference and provided language in compliance with section 536.031.4, RSMo.

EXPLANATION OF SECOND AMENDED ORDER OF RULEMAKING: The Department of Health and Senior Services determined that changes that had been made to 19 CSR 30-81.010(2) in its amended order of rulemaking had resulted in the inadvertent omission of text that had been included in the proposed amendment. This second amended order of rulemaking restores the deleted text and makes minor punctuation and stylistic revisions to paragraph (14)(D)4.

19 CSR 30-81.010 General Certification Requirements

(2) An operator of an SNF or ICF licensed by the department electing to be certified as a provider of skilled nursing services under the Title XVIII (Medicare) or NF services under the Title XIX (Medicaid) program of the Social Security Act; or an operator of a facility electing to be certified as an ICF/MR facility under Title XIX shall submit application materials to the department as required by

federal law and shall comply with standards set forth in the *Code of Federal Regulations* (CFR) of the United States Department of Health and Human Services in 42 CFR chapter IV, part 483, subpart B for nursing homes and 42 CFR chapter IV, part 483, subpart I for ICF/MR facilities, as appropriate.

(A) For Medicaid, the application shall include:

1. Long Term Care Facility Application for Medicare and Medicaid, Form CMS-671 (12/02), incorporated by reference in this rule and available through the Centers for Medicare and Medicaid website: <http://www.cms.hhs.gov/forms/>, or by mail at: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850;

2. Form DA-113, Bed Classification for Licensure and Certification by Category (8-05), incorporated by reference in this rule and available through the department's website: www.dhss.mo.gov, or by mail at: Department of Health and Senior Services Warehouse, Attention General Services Warehouse, PO Box 570, Jefferson City, MO 65102-0570, telephone: (573) 526-3861.

(B) For Medicare, the application shall include:

1. Long Term Care Facility Application for Medicare and Medicaid;

2. Expression of Intermediary Preference Form (8-05), incorporated by reference in this rule and available through the department's website: www.dhss.mo.gov, or by mail at: Department of Health and Senior Services Warehouse, Attention General Services Warehouse, PO Box 570, Jefferson City, MO 65102-0570, telephone: (573) 526-3861;

3. Form DA-113, Bed Classification for Licensure and Certification by Category;

4. Three (3) copies of Health Insurance Benefit Agreement, Form CMS-1561 (07/01), incorporated by reference in this rule and available through the Centers for Medicare and Medicaid website: <http://www.cms.hhs.gov/forms/>, or by mail at: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850;

5. Three (3) copies of Assurance of Compliance, Form HHS-690 (5/97), incorporated by reference in this rule and available through the Centers for Medicare and Medicaid website: <http://www.cms.hhs.gov/forms/>, or by mail at the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201, telephone: (202) 619-0257; Toll Free: 1 (877) 696-6775.

6. The forms incorporated by reference in subsections (2)(A) and (B) do not include any later amendments or additions.

(C) SNFs or NFs which are newly certified or which are undergoing a change of ownership shall submit an initial certification fee in the amount up to one thousand dollars (\$1,000) as stipulated by the department in writing to the operator following receipt of the properly completed application material referenced in section (2). The amount for the initial certification fee shall be the prorated portion of one thousand dollars (\$1,000) with prorating based on the month of receipt of the application in relation to the beginning of the next federal fiscal year. This initial certification fee shall be non-refundable and a facility shall not be certified until the fee has been paid.

(D) All SNFs or NFs certified to participate in the Medicaid or Medicare program(s) shall submit to the department an annual certification fee of one thousand dollars (\$1,000) prior to October 1 of each year. If the fee is not received by that date each year, a late fee of fifty dollars (\$50) per month shall be payable to the department. If payment of any fees due is not received by the department by the time the facility license expires or by December 31 of that year, whichever is earlier, the department shall notify the Division of Medical Services and the CMS recommending termination of the Medicaid or Medicare agreement as denial of license will occur as provided in 19 CSR 30-82.010 and section 198.022, RSMo.

(14) An NF may request a waiver of nurse staffing requirements to the extent the facility is unable to meet the requirements including the areas of twenty-four (24)-hour licensed nurse coverage, the use of a registered nurse for eight (8) consecutive hours seven (7) days per week and the use of a registered nurse as director of nursing.

(D) Approval of a nurse waiver request shall be based on an evaluation of whether the facility has been unable, despite diligent efforts—including offering wages at the community prevailing rate for nursing facilities—to recruit the necessary personnel. Diligent efforts shall mean prominently advertising for the necessary nursing personnel in a variety of local and out-of-the-area publications, including newspapers and journals within a fifty (50)-mile radius, and which are within state boundaries; contacts with nursing schools in the area; and participation in job fairs. The operator shall submit evidence of the diligent effort including:

1. Copies of newspapers and journal advertisements, correspondence with nursing schools and vocational programs, and any other relevant material;

2. If there is a nursing pool agency within fifty (50) miles which is within state boundaries and the agency cannot consistently supply the necessary personnel on a per diem basis to the facility, the operator shall submit a letter from the agency so stating;

3. Copies of current staffing patterns including the number and type of nursing staff on each shift and the qualifications of licensed nurses;

4. A current Resident Census and Condition of Residents, Form CMS-672 (10/98), incorporated by reference in this rule and available through the Centers for Medicare and Medicaid website: <http://www.cms.hhs.gov/forms/>, or by mail at: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850. This rule does not incorporate any subsequent amendments or additions;

5. Evidence that the facility has a registered nurse consultant required under 19 CSR 30-85.042 and evidence that the facility has made arrangements to assure registered nurse involvement in the coordination of the assessment process as required under 42 CFR 483.20(3);

6. Location of the nurses' stations and any other pertinent physical feature information the facility chooses to provide;

7. Any other information deemed important by the facility including personnel procedures, promotions, staff orientation and evaluation, scheduling practices, benefit programs, utilization of supplemental agency personnel, physician-nurse collaboration, support services to nursing personnel and the like; and

8. For renewal requests, the information supplied shall show diligent efforts to recruit appropriate personnel throughout the prior waiver period. Updates of prior submitted information in other areas are acceptable.

SUMMARY OF COMMENTS: The department received no comments on the proposed amendment.

Title 20—DEPARTMENT OF INSURANCE
Division 200—Financial Examination
Chapter 6—Surplus Lines

ORDER OF RULEMAKING

By the authority vested in the director of the Missouri Department of Insurance under section 374.045, RSMo 2000, the director amends a rule as follows:

20 CSR 200-6.100 Surplus Lines Insurance Forms is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2005 (30 MoReg 2502). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs and other items required to be published in the *Missouri Register* by law.

**Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and
Transportation Commission
Chapter 25—Motor Carrier Operations**

IN ADDITION

**7 CSR 10-25.010 Skill Performance Evaluation Certificates for
Commercial Drivers**

PUBLIC NOTICE

Public Notice and Request for Comments on Applications for Issuance of Skill Performance Evaluation Certificates to Intrastate Commercial Drivers with Diabetes Mellitus or Impaired Vision

SUMMARY: This notice publishes MoDOT's receipt of applications for the issuance of Skill Performance Evaluation (SPE) Certificates, from individuals who do not meet the physical qualification requirements in the Federal Motor Carrier Safety Regulations for drivers of commercial motor vehicles in Missouri intrastate commerce, because of impaired vision, or an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control. If granted, the SPE Certificates will authorize these individuals to qualify as drivers of commercial motor vehicles (CMVs), in intrastate commerce only, without meeting the vision standard prescribed in 49 CFR 391.41(b)(10), if applicable, or the diabetes standard prescribed in 49 CFR 391.41(b)(3).

DATES: Comments must be received at the address stated below, on or before April 14, 2006.

ADDRESSES: You may submit comments concerning an applicant, identified by the Application Number stated below, by any of the following methods:

- E-mail:** *Kathy.Hatfield@modot.mo.gov*
- Mail:** *PO Box 893, Jefferson City, MO 65102-0893*
- Hand Delivery:** *1320 Creek Trail Drive, Jefferson City, MO 65109*
- Instructions:** All comments submitted must include the agency name and Application Number for this public notice. For detailed instructions on submitting comments, see the Public Participation heading of the Supplementary Information section of this notice. All comments received will be open and available for public inspection and MoDOT may publish those comments by any available means.

**COMMENTS RECEIVED
BECOME MoDOT PUBLIC RECORD**

- By submitting any comments to MoDOT, the person authorizes MoDOT to publish those comments by any available means.
- Docket:** For access to the department's file, to read background documents or comments received, 1320 Creek Trail Drive, Jefferson City, MO 65109, between 7:30 a.m. and 4 p.m., Monday through Friday, except state holidays.

FOR FURTHER INFORMATION CONTACT: Ms. Kathy Hatfield, Motor Carrier Specialist, (573) 522-9001, MoDOT Motor Carrier Services Division, PO Box 893, Jefferson City, MO 65102-

0893. Office hours are from 7:30 a.m. to 4:00 p.m., CT, Monday through Friday, except state holidays.

SUPPLEMENTARY INFORMATION:

Public Participation

If you want us to notify you that we received your comments, please include a self-addressed, stamped envelope or postcard.

Background

The individuals listed in this notice have recently filed applications requesting MoDOT to issue SPE Certificates to exempt them from the physical qualification requirements relating to vision in 49 CFR 391.41(b)(10), or to diabetes in 49 CFR 391.41(b)(3), which otherwise apply to drivers of CMVs in Missouri intrastate commerce.

Under section 622.555, *Missouri Revised Statutes* (RSMo) Supp. 2005, MoDOT may issue a Skill Performance Evaluation Certificate, for not more than a two (2)-year period, if it finds that the applicant has the ability, while operating CMVs, to maintain a level of safety that is equivalent to or greater than the driver qualification standards of 49 CFR 391.41. Upon application, MoDOT may renew an exemption upon expiration.

Accordingly, the agency will evaluate the qualifications of each applicant to determine whether issuing a SPE Certificate will comply with the statutory requirements and will achieve the required level of safety. If granted, the SPE Certificate is only applicable to intrastate transportation wholly within Missouri.

Qualifications of Applicants

Application # MP060124001

Applicant's Name & Age: Andrew Mullison Hahn, 27
Relevant Physical Condition: Mr. Hahn's best uncorrected visual acuity in his left eye is 20/15 Snellen, and he has a prosthesis in his right eye due to an accident that occurred in 1988. In his left eye, uncorrected visual acuity is 20/15 Snellen.
Relevant Driving Experience: Employed by Keith & Darin Schnarre Farms in Centralia, MO as a straight truck/trailer operator, and a truck tractor/semi-trailer combination operator from June 1999 to March 2004 and drove 20 hours per week. Drives personal vehicle(s) daily.
Doctor's Opinion & Date: Following an examination in February 2006, his optometrist certified, "In my medical opinion, Mr. Hahn's visual deficiency is stable and has sufficient vision to perform the driving tasks required to operate a commercial motor vehicle, and that his condition will not adversely affect his ability to operate a commercial motor vehicle safely."
Traffic Accidents and Violations: No accidents or violations within the past 3 years.

Application # MP051121057

Applicant's Name & Age: Phillippe Henri Poirier, 56
Relevant Physical Condition: Mr. Poirier's best uncorrected visual acuity in his right eye is 20/20 Snellen, corrected to 20/15 Snellen, and his left eye has only light perception with a visual acuity of 20/300 Snellen due to an accident in 1954.
Relevant Driving Experience: Self-employed as a 10 wheel dump truck operator in and around Gerald, MO from 1994 to present and has driven an average of 40 hours per week. Drives personal vehicle(s) daily.
Doctor's Opinion & Date: Following an examination in January 2006, his optometrist certified, "In my medical opinion, Mr.

Poirier's visual deficiency is stable and has sufficient vision to perform the driving tasks required to operate a commercial motor vehicle, and that his condition will not adversely affect his ability to operate a commercial motor vehicle safely."

Traffic Accidents and Violations: No accidents or violations within the past 3 years.

Request for Comments

The Missouri Department of Transportation, Motor Carrier Services Division, pursuant to section 622.555, RSMo, and rule 7 CSR 10-25.010, requests public comment from all interested persons on the applications for issuance of Skill Performance Evaluation Certificates described in this notice. We will consider all comments received before the close of business on the closing date indicated earlier in this notice.

Issued on: February 15, 2005

Jan Skouby, Motor Carrier Services Director, Missouri Department of Transportation.

STATUTORY LIST OF CONTRACTORS BARRED FROM PUBLIC WORKS PROJECTS

The following is a list of contractor(s) who have been prosecuted and convicted of violating the Missouri Prevailing Wage Law, and whose Notice of Conviction has been filed with the Secretary of State pursuant to Section 290.330, RSMo.

<u>Name of Contractor</u>	<u>Name of Officers</u>	<u>Address</u>	<u>Date of Conviction</u>	<u>Debarment Period</u>
Stan Buffington DBA Buffington Brothers Heating & Cooling		110 N. Riverview Poplar Bluff, MO 63901	10/26/05	10/26/2005-10/26/06

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2000 to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript.

**TO ALL CREDITORS OF AND CLAIMANTS AGAINST
HIGH TECH ENERGY PARTNERS 1997 II**

NOTICE OF DISSOLUTION OF LIMITED PARTNERSHIP

On December 1, 2005, HIGH TECH ENERGY PARTNERS 1997 II, a Missouri limited partnership ("Partnership") filed its Certificate of Cancellation of Limited Partnership with the Missouri Secretary of State. Any claims against the Partnership may be sent to First Financial Planners, 15455 Conway Road, Chesterfield, Missouri 63017, Attention: Jeffrey L. Yount. Each Claim must include the following information:

1. The name, address and phone number of the Claimant;
2. The amount claimed;
3. The date on which the Claim arose;
4. The basis for the Claim; and
5. Documentation in support of the Claim.

All Claims against the Partnership will be barred unless the proceedings to enforce the Claim are commenced within three (3) years after publication of this notice.

**TO ALL CREDITORS OF AND CLAIMANTS AGAINST
HIGH TECH ENERGY PARTNERS 1997 III**

NOTICE OF DISSOLUTION OF LIMITED PARTNERSHIP

On December 1, 2005, HIGH TECH ENERGY PARTNERS 1997 III, a Missouri limited partnership ("Partnership") filed its Certificate of Cancellation of Limited Partnership with the Missouri Secretary of State. Any claims against the Partnership may be sent to First Financial Planners, 15455 Conway Road, Chesterfield, Missouri 63017, Attention: Jeffrey L. Yount. Each Claim must include the following information:

1. The name, address and phone number of the Claimant;
2. The amount claimed;
3. The date on which the Claim arose;
4. The basis for the Claim; and
5. Documentation in support of the Claim.

All Claims against the Partnership will be barred unless the proceedings to enforce the Claim are commenced within three (3) years after publication of this notice.

**TO ALL CREDITORS OF AND CLAIMANTS AGAINST
HIGH TECH ENERGY PARTNERS 1998 I**

NOTICE OF DISSOLUTION OF LIMITED PARTNERSHIP

On December 1, 2005, HIGH TECH ENERGY PARTNERS 1998 I, a Missouri limited partnership ("Partnership") filed its Certificate of Cancellation of Limited Partnership with the Missouri Secretary of State. Any claims against the Partnership may be sent to First Financial Planners, 15455 Conway Road, Chesterfield, Missouri 63017, Attention: Jeffrey L. Yount. Each Claim must include the following information:

1. The name, address and phone number of the Claimant;
2. The amount claimed;
3. The date on which the Claim arose;
4. The basis for the Claim; and
5. Documentation in support of the Claim.

All Claims against the Partnership will be barred unless the proceedings to enforce the Claim are commenced within three (3) years after publication of this notice.

**TO ALL CREDITORS OF AND CLAIMANTS AGAINST
HIGH TECH ENERGY PARTNERS 1998 II**

NOTICE OF DISSOLUTION OF LIMITED PARTNERSHIP

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1. The name, address and phone number of the Claimant;
2. The amount claimed;
3. The date on which the Claim arose;
4. The basis for the Claim; and
5. Documentation in support of the Claim.

All Claims against the Partnership will be barred unless the proceedings to enforce the Claim are commenced within three (3) years after publication of this notice.

**TO ALL CREDITORS OF AND CLAIMANTS AGAINST
HIGH TECH ENERGY PARTNERS 1998 III****NOTICE OF DISSOLUTION OF LIMITED PARTNERSHIP**

On December 1, 2005, HIGH TECH ENERGY PARTNERS 1998 III, a Missouri limited partnership ("Partnership") filed its Certificate of Cancellation of Limited Partnership with the Missouri Secretary of State. Any claims against the Partnership may be sent to First Financial Planners, 15455 Conway Road, Chesterfield, Missouri 63017, Attention: Jeffrey L. Yount. Each Claim must include the following information:

1. The name, address and phone number of the Claimant;
2. The amount claimed;
3. The date on which the Claim arose;
4. The basis for the Claim; and
5. Documentation in support of the Claim.

All Claims against the Partnership will be barred unless the proceedings to enforce the Claim are commenced within three (3) years after publication of this notice.

**TO ALL CREDITORS OF AND CLAIMANTS AGAINST
HIGH TECH ENERGY PARTNERS 1998 IV****NOTICE OF DISSOLUTION OF LIMITED PARTNERSHIP**

On December 1, 2005, HIGH TECH ENERGY PARTNERS 1998 IV, a Missouri limited partnership ("Partnership") filed its Certificate of Cancellation of Limited Partnership with the Missouri Secretary of State. Any claims against the Partnership may be sent to First Financial Planners, 15455 Conway Road, Chesterfield, Missouri 63017, Attention: Jeffrey L. Yount. Each Claim must include the following information:

1. The name, address and phone number of the Claimant;
2. The amount claimed;
3. The date on which the Claim arose;
4. The basis for the Claim; and
5. Documentation in support of the Claim.

All Claims against the Partnership will be barred unless the proceedings to enforce the Claim are commenced within three (3) years after publication of this notice.

**TO ALL CREDITORS OF AND CLAIMANTS AGAINST
HIGH TECH ENERGY PARTNERS 1999 I**

NOTICE OF DISSOLUTION OF LIMITED PARTNERSHIP

On December 1, 2005, HIGH TECH ENERGY PARTNERS 1999 I, a Missouri limited partnership ("Partnership") filed its Certificate of Cancellation of Limited Partnership with the Missouri Secretary of State. Any claims against the Partnership may be sent to First Financial Planners, 15455 Conway Road, Chesterfield, Missouri 63017, Attention: Jeffrey L. Yount. Each Claim must include the following information:

1. The name, address and phone number of the Claimant;
2. The amount claimed;
3. The date on which the Claim arose;
4. The basis for the Claim; and
5. Documentation in support of the Claim.

All Claims against the Partnership will be barred unless the proceedings to enforce the Claim are commenced within three (3) years after publication of this notice.

**TO ALL CREDITORS OF AND CLAIMANTS AGAINST
HIGH TECH ENERGY PARTNERS 1999 II**

NOTICE OF DISSOLUTION OF LIMITED PARTNERSHIP

On December 1, 2005, HIGH TECH ENERGY PARTNERS 1999 II, a Missouri limited partnership ("Partnership") filed its Certificate of Cancellation of Limited Partnership with the Missouri Secretary of State. Any claims against the Partnership may be sent to First Financial Planners, 15455 Conway Road, Chesterfield, Missouri 63017, Attention: Jeffrey L. Yount. Each Claim must include the following information:

1. The name, address and phone number of the Claimant;
2. The amount claimed;
3. The date on which the Claim arose;
4. The basis for the Claim; and
5. Documentation in support of the Claim.

All Claims against the Partnership will be barred unless the proceedings to enforce the Claim are commenced within three (3) years after publication of this notice.

**TO ALL CREDITORS OF AND CLAIMANTS AGAINST
HIGH TECH ENERGY PARTNERS 1999 III****NOTICE OF DISSOLUTION OF LIMITED PARTNERSHIP**

On December 1, 2005, HIGH TECH ENERGY PARTNERS 1999 III, a Missouri limited partnership ("Partnership") filed its Certificate of Cancellation of Limited Partnership with the Missouri Secretary of State. Any claims against the Partnership may be sent to First Financial Planners, 15455 Conway Road, Chesterfield, Missouri 63017, Attention: Jeffrey L. Yount. Each Claim must include the following information:

1. The name, address and phone number of the Claimant;
2. The amount claimed;
3. The date on which the Claim arose;
4. The basis for the Claim; and
5. Documentation in support of the Claim.

All Claims against the Partnership will be barred unless the proceedings to enforce the Claim are commenced within three (3) years after publication of this notice.

**TO ALL CREDITORS OF AND CLAIMANTS AGAINST
HIGH TECH ENERGY PARTNERS 1999 IV****NOTICE OF DISSOLUTION OF LIMITED PARTNERSHIP**

On December 1, 2005, HIGH TECH ENERGY PARTNERS 1999 IV, a Missouri limited partnership ("Partnership") filed its Certificate of Cancellation of Limited Partnership with the Missouri Secretary of State. Any claims against the Partnership may be sent to First Financial Planners, 15455 Conway Road, Chesterfield, Missouri 63017, Attention: Jeffrey L. Yount. Each Claim must include the following information:

1. The name, address and phone number of the Claimant;
2. The amount claimed;
3. The date on which the Claim arose;
4. The basis for the Claim; and
5. Documentation in support of the Claim.

All Claims against the Partnership will be barred unless the proceedings to enforce the Claim are commenced within three (3) years after publication of this notice.

**TO ALL CREDITORS OF AND CLAIMANTS AGAINST
HIGH TECH ENERGY PARTNERS 1999 I COMPLETION FUND**

NOTICE OF DISSOLUTION OF LIMITED PARTNERSHIP

On December 1, 2005, HIGH TECH ENERGY PARTNERS 1999 I COMPLETION FUND, a Missouri limited partnership ("Partnership") filed its Certificate of Cancellation of Limited Partnership with the Missouri Secretary of State. Any claims against the Partnership may be sent to First Financial Planners, 15455 Conway Road, Chesterfield, Missouri 63017, Attention: Jeffrey L. Yount. Each Claim must include the following information:

1. The name, address and phone number of the Claimant;
2. The amount claimed;
3. The date on which the Claim arose;
4. The basis for the Claim; and
5. Documentation in support of the Claim.

All Claims against the Partnership will be barred unless the proceedings to enforce the Claim are commenced within three (3) years after publication of this notice.

**NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST
SOURCETENN LLC, a Missouri limited liability company.**

On Feb. 1, 2006, SOURCETENN LLC., a Missouri limited liability company (hereinafter the "Company"), filed its Notice of Winding Up with the Missouri Secretary of State. The Company requests that all persons and organizations with claims against it present them immediately, by letter, to the attention of McKESSON CORPORATION, ONE POST STREET – 33RD FLOOR, SAN FRANCISCO. Each claim must include the following information: the name, address and phone number of the claimant; the amount claimed; the date on which the claim arose; the basis for the claim; and documentation in support of the claim. All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after publication of this Notice. MEMBER OF SOURCETENN LLC.

**NOTICE OF CORPORATE DISSOLUTION
TO ALL CREDITORS AND CLAIMANTS
AGAINST SCORSE AND ASSOCIATES,
ORAL AND MAXILLOFACIAL SURGEONS, P.C.**

Scorse and Associates, Oral and Maxillofacial Surgeons, P.C., a Missouri professional corporation, was dissolved on the 13th day of December, 2005, by filing the Articles of Dissolution with the Missouri Secretary of State. Any and all claims against Scorse and Associates, Oral and Maxillofacial Surgeons, P.C. should be sent by mail to Jeannine R. Campbell, c/o Shughart Thomson & Kilroy, P.C., 120 W. 12th Street, Suite 1600, Kansas City, Missouri 64105. Each claim should include the following:

- (1) The name, address and telephone number of the claimant;
- (2) The amount of the claim;
- (3) The basis of the claim; and
- (4) The date the claim arose.

Any and all claims against Scorse and Associates, Oral and Maxillofacial Surgeons, P.C. will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the date of the publication of this Notice.

**NOTICE OF WINDING UP
OF LIMITED LIABILITY COMPANY
TO ALL CREDITORS AND CLAIMANTS
AGAINST ROLWES MORTGAGE CO., LLC**

Notice is hereby given that Rolwes Mortgage Co., LLC, a Missouri limited liability company (the "Company"), is being liquidated and dissolved pursuant to the Missouri Limited Liability Company Act (the "Act"). This notice is being given pursuant to Section 347.141 of the Act.

All persons with claims against the Company should submit them in writing in accordance with this notice to: Vatterott, Shaffar & Dolan, P.C., Attn: BAJ, 2458 Old Dorsett Road, Suite 230, Maryland Heights, MO 63043.

Claims against the Company must include: (1) the claimant's name, address and phone number, (2) the amount claimed, (3) the date the claim arose, (4) the basis of the claim, and (5) documentation supporting the claim.

A claim against the Company will be barred unless a proceeding to enforce the claim is enforced within three years after the publication of this notice.

Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—27 (2002), 28 (2003), 29 (2004) and 30 (2005). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
1 CSR 10	OFFICE OF ADMINISTRATION State Officials' Salary Compensation Schedule				27 MoReg 1724 28 MoReg 1861 29 MoReg 1610 30 MoReg 2435
1 CSR 20-4.010	Personnel Advisory Board and Division of Personnel		31 MoReg 285		
1 CSR 20-5.020	Personnel Advisory Board and Division of Personnel		30 MoReg 2384		
1 CSR 30-5.010	Design and Construction		30 MoReg 2476	This Issue	
1 CSR 35-1.050	Division of Facilities Management		30 MoReg 2478	This Issue	
1 CSR 35-2.030	Division of Facilities Management		30 MoReg 2478	This Issue	
DEPARTMENT OF AGRICULTURE					
2 CSR 30-2.005	Animal Health		30 MoReg 1900	31 MoReg 237	
2 CSR 30-2.014	Animal Health	31 MoReg 277			
2 CSR 30-10.010	Animal Health		This Issue		
2 CSR 70-13.030	Plant Industries		30 MoReg 2240	31 MoReg 338	
2 CSR 70-13.040	Plant Industries		30 MoReg 2240	31 MoReg 338	
2 CSR 90-20.040	Weights and Measures		31 MoReg 98		
2 CSR 90-22.140	Weights and Measures		31 MoReg 98		
2 CSR 90-23.010	Weights and Measures		31 MoReg 99		
2 CSR 90-25.010	Weights and Measures		31 MoReg 99		
DEPARTMENT OF CONSERVATION					
3 CSR 10-4.135	Conservation Commission		31 MoReg 7	This Issue	
3 CSR 10-5.331	Conservation Commission		31 MoReg 374		
3 CSR 10-7.410	Conservation Commission		31 MoReg 208		
3 CSR 10-7.450	Conservation Commission		30 MoReg 2385	31 MoReg 237	
3 CSR 10-7.455	Conservation Commission				31 MoReg 244
3 CSR 10-8.515	Conservation Commission		30 MoReg 2386	31 MoReg 237	
3 CSR 10-10.711	Conservation Commission		30 MoReg 2386	31 MoReg 238	
3 CSR 10-10.716	Conservation Commission		30 MoReg 2388	31 MoReg 238	
DEPARTMENT OF ECONOMIC DEVELOPMENT					
4 CSR 30-1.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 2020	31 MoReg 238	
4 CSR 30-1.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 7		
4 CSR 30-2.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 8		
4 CSR 30-4.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 9		
4 CSR 30-4.070	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 2020	31 MoReg 238	
4 CSR 30-4.090	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 2021	31 MoReg 238	
4 CSR 30-5.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 10		
4 CSR 30-5.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 2021	31 MoReg 239	
4 CSR 30-5.070	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 10		
4 CSR 30-5.100	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 2022	31 MoReg 239	
4 CSR 30-6.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 11		
4 CSR 30-6.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 13		
4 CSR 30-7.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 13		
4 CSR 30-11.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 13		
4 CSR 30-13.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 14		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
4 CSR 30-13.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 15		
4 CSR 30-14.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 16		
4 CSR 30-17.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 16		
4 CSR 30-18.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 16		
4 CSR 30-19.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 16		
4 CSR 30-20.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 17		
4 CSR 100	Division of Credit Unions				31 MoReg 396
4 CSR 100-2.045	Division of Credit Unions		30 MoReg 2479R	This IssueR	
4 CSR 115-1.040	State Committee of Dietitians		31 MoReg 286		
4 CSR 115-2.045	State Committee of Dietitians		31 MoReg 289		
4 CSR 150-3.010	State Board of Registration for the Healing Arts		31 MoReg 208		
4 CSR 150-3.030	State Board of Registration for the Healing Arts		31 MoReg 209		
4 CSR 150-3.050	State Board of Registration for the Healing Arts		31 MoReg 210		
4 CSR 150-3.110	State Board of Registration for the Healing Arts		31 MoReg 210		
4 CSR 150-3.150	State Board of Registration for the Healing Arts		31 MoReg 211		
4 CSR 150-9.010	State Board of Registration for the Healing Arts		31 MoReg 292		
4 CSR 150-9.020	State Board of Registration for the Healing Arts		31 MoReg 292		
4 CSR 150-9.030	State Board of Registration for the Healing Arts		31 MoReg 292		
4 CSR 150-9.040	State Board of Registration for the Healing Arts		31 MoReg 296		
4 CSR 150-9.050	State Board of Registration for the Healing Arts		31 MoReg 296		
4 CSR 150-9.051	State Board of Registration for the Healing Arts		31 MoReg 297		
4 CSR 150-9.060	State Board of Registration for the Healing Arts		31 MoReg 298		
4 CSR 150-9.070	State Board of Registration for the Healing Arts		31 MoReg 301		
4 CSR 150-9.080	State Board of Registration for the Healing Arts		31 MoReg 303		
4 CSR 150-9.090	State Board of Registration for the Healing Arts		31 MoReg 303		
4 CSR 150-9.100	State Board of Registration for the Healing Arts		31 MoReg 303		
4 CSR 150-9.110	State Board of Registration for the Healing Arts		31 MoReg 304		
4 CSR 150-9.120	State Board of Registration for the Healing Arts		31 MoReg 304		
4 CSR 150-9.130	State Board of Registration for the Healing Arts		31 MoReg 305		
4 CSR 150-9.140	State Board of Registration for the Healing Arts		31 MoReg 305		
4 CSR 200-4.020	State Board of Nursing		30 MoReg 1795	31 MoReg 239	
4 CSR 200-6.010	State Board of Nursing		30 MoReg 2022R	31 MoReg 387R	
4 CSR 200-6.020	State Board of Nursing		30 MoReg 2022	31 MoReg 387	
4 CSR 200-6.030	State Board of Nursing		30 MoReg 2024	31 MoReg 387	
4 CSR 200-6.040	State Board of Nursing		30 MoReg 2025	31 MoReg 389	
4 CSR 200-6.050	State Board of Nursing		30 MoReg 2032	31 MoReg 389	
4 CSR 200-6.060	State Board of Nursing		30 MoReg 2032	31 MoReg 389	
4 CSR 205-5.010	Missouri Board of Occupational Therapy		31 MoReg 17		
4 CSR 210-2.030	State Board of Optometry		31 MoReg 212		
4 CSR 210-2.070	State Board of Optometry		31 MoReg 212		
4 CSR 232-3.010	Missouri State Committee of Interpreters		31 MoReg 19		
4 CSR 240-2.071	Public Service Commission		30 MoReg 1332		
4 CSR 240-3.240	Public Service Commission		30 MoReg 2033R		
			30 MoReg 2034		
4 CSR 240-3.330	Public Service Commission		30 MoReg 2037R		
			30 MoReg 2037		
4 CSR 240-3.440	Public Service Commission		30 MoReg 2041R		
			30 MoReg 2041		
4 CSR 240-3.570	Public Service Commission		30 MoReg 2479		
4 CSR 240-3.635	Public Service Commission		30 MoReg 2045R		
			30 MoReg 2045		
4 CSR 240-13.055	Public Service Commission	31 MoReg 181			
4 CSR 255-1.040	Missouri Board for Respiratory Care		30 MoReg 1798	31 MoReg 240	
4 CSR 263-2.082	State Committee for Social Workers		31 MoReg 309R		
			31 MoReg 309		
4 CSR 270-1.031	Missouri Veterinary Medical Board		31 MoReg 19		
4 CSR 270-1.050	Missouri Veterinary Medical Board		31 MoReg 20		
4 CSR 270-4.011	Missouri Veterinary Medical Board		31 MoReg 20		
4 CSR 270-4.041	Missouri Veterinary Medical Board		31 MoReg 23		
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION					
5 CSR 80-860.010	Teacher Quality and Urban Education		30 MoReg 1903	31 MoReg 240	
DEPARTMENT OF TRANSPORTATION					
7 CSR 10-14.010	Missouri Highways and Transportation Commission		31 MoReg 314		
7 CSR 10-14.020	Missouri Highways and Transportation Commission		31 MoReg 314		
7 CSR 10-14.030	Missouri Highways and Transportation Commission		31 MoReg 314		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
7 CSR 10-14.040	Missouri Highways and Transportation Commission		31 MoReg 315		
7 CSR 10-14.050	Missouri Highways and Transportation Commission		31 MoReg 316		
7 CSR 10-14.060	Missouri Highways and Transportation Commission		31 MoReg 316		
7 CSR 10-24.030	Missouri Highways and Transportation Commission	30 MoReg 2373	30 MoReg 1907	31 MoReg 123	
7 CSR 10-24.110	Missouri Highways and Transportation Commission	30 MoReg 2374	30 MoReg 1914	31 MoReg 128	
7 CSR 10-24.120	Missouri Highways and Transportation Commission	30 MoReg 2376	30 MoReg 1914	31 MoReg 128	
7 CSR 10-25.010	Missouri Highways and Transportation Commission				31 MoReg 396 This Issue
7 CSR 10-26.010	Missouri Highways and Transportation Commission		31 MoReg 317		
7 CSR 10-26.020	Missouri Highways and Transportation Commission		31 MoReg 317		
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS					
8 CSR 10-4.190	Division of Employment Security	31 MoReg 5	31 MoReg 23		
8 CSR 50-2.020	Workers' Compensation	31 MoReg 83	31 MoReg 23		
8 CSR 50-5.060	Workers' Compensation	30 MoReg 2467	30 MoReg 2486		
8 CSR 60-2.025	Missouri Commission on Human Rights		30 MoReg 1921		
8 CSR 60-2.065	Missouri Commission on Human Rights		30 MoReg 1921		
8 CSR 60-2.100	Missouri Commission on Human Rights		30 MoReg 1922		
8 CSR 60-2.130	Missouri Commission on Human Rights		30 MoReg 1923		
8 CSR 60-2.150	Missouri Commission on Human Rights		30 MoReg 1923		
8 CSR 60-2.210	Missouri Commission on Human Rights		30 MoReg 1923		
DEPARTMENT OF MENTAL HEALTH					
9 CSR 45-5.120	Division of Mental Retardation and Developmental Disabilities				31 MoReg 394RUC
9 CSR 50-2.010	Admission Criteria		This Issue		
9 CSR 50-2.020	Admission Criteria		This Issue		
9 CSR 50-2.510	Admission Criteria		This Issue		
DEPARTMENT OF NATURAL RESOURCES					
10 CSR 10-5.510	Air Conservation Commission		30 MoReg 2049		
10 CSR 10-6.061	Air Conservation Commission		31 MoReg 25		
10 CSR 23-3.100	Geological Survey and Resource Assessment Division		30 MoReg 2241	This Issue	
10 CSR 23-5.050	Geological Survey and Resource Assessment Division		30 MoReg 2249	This Issue	
10 CSR 25-17.010	Hazardous Waste Management Commission		30 MoReg 2252		
10 CSR 25-17.020	Hazardous Waste Management Commission		30 MoReg 2252		
10 CSR 25-17.030	Hazardous Waste Management Commission		30 MoReg 2253		
10 CSR 25-17.040	Hazardous Waste Management Commission		30 MoReg 2254		
10 CSR 25-17.050	Hazardous Waste Management Commission		30 MoReg 2260		
10 CSR 25-17.060	Hazardous Waste Management Commission		30 MoReg 2267		
10 CSR 25-17.070	Hazardous Waste Management Commission		30 MoReg 2267		
10 CSR 25-17.080	Hazardous Waste Management Commission		30 MoReg 2274		
10 CSR 25-17.090	Hazardous Waste Management Commission		30 MoReg 2280		
10 CSR 25-17.100	Hazardous Waste Management Commission		30 MoReg 2286		
10 CSR 25-17.110	Hazardous Waste Management Commission		30 MoReg 2286		
10 CSR 25-17.120	Hazardous Waste Management Commission		30 MoReg 2287		
10 CSR 25-17.130	Hazardous Waste Management Commission		30 MoReg 2288		
10 CSR 25-17.140	Hazardous Waste Management Commission		30 MoReg 2288		
10 CSR 25-17.150	Hazardous Waste Management Commission		30 MoReg 2289		
10 CSR 25-17.160	Hazardous Waste Management Commission		30 MoReg 2295		
10 CSR 25-17.170	Hazardous Waste Management Commission		30 MoReg 2295		
10 CSR 40-7.011	Land Reclamation Commission	31 MoReg 182	31 MoReg 28		
10 CSR 40-7.021	Land Reclamation Commission	31 MoReg 186	31 MoReg 32		
10 CSR 40-7.031	Land Reclamation Commission	31 MoReg 188	31 MoReg 33		
10 CSR 40-7.041	Land Reclamation Commission	31 MoReg 189	31 MoReg 34		
10 CSR 40-10.085	Land Reclamation Commission		30 MoReg 1124		
10 CSR 140-2.020	Division of Energy				30 MoReg 2096
DEPARTMENT OF PUBLIC SAFETY					
11 CSR 10-7.010	Adjutant General	30 MoReg 2549	30 MoReg 2556		
11 CSR 30-10.010	Office of the Director		30 MoReg 2295	31 MoReg 240	
11 CSR 30-10.020	Office of the Director		30 MoReg 2296	31 MoReg 240	
11 CSR 40-2.010	Division of Fire Safety		31 MoReg 318		
11 CSR 40-2.015	Division of Fire Safety		31 MoReg 319		
11 CSR 40-2.030	Division of Fire Safety		31 MoReg 320		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
11 CSR 40-2.040	Division of Fire Safety		31 MoReg 320		
11 CSR 45-5.237	Missouri Gaming Commission		30 MoReg 2488		
11 CSR 45-8.170	Missouri Gaming Commission		31 MoReg 376		
11 CSR 45-30.035	Missouri Gaming Commission		31 MoReg 379		
11 CSR 45-30.090	Missouri Gaming Commission		31 MoReg 379		
11 CSR 45-30.140	Missouri Gaming Commission		31 MoReg 379		
11 CSR 45-30.175	Missouri Gaming Commission		31 MoReg 380		
11 CSR 45-30.390	Missouri Gaming Commission		31 MoReg 380		
11 CSR 45-30.480	Missouri Gaming Commission		31 MoReg 381		
11 CSR 45-30.600	Missouri Gaming Commission		31 MoReg 381		
11 CSR 45-30.610	Missouri Gaming Commission		31 MoReg 384		
11 CSR 50-2.160	Missouri State Highway Patrol		30 MoReg 2296	31 MoReg 338	
11 CSR 50-2.200	Missouri State Highway Patrol		30 MoReg 2297	31 MoReg 338	
11 CSR 50-2.320	Missouri State Highway Patrol		30 MoReg 2297	31 MoReg 339	
11 CSR 70-2.280	Division of Alcohol and Tobacco Control		31 MoReg 321		
DEPARTMENT OF REVENUE					
12 CSR 10-1.020	Director of Revenue		30 MoReg 2488		
12 CSR 10-2.195	Director of Revenue		30 MoReg 982R		
			30 MoReg 2489R		
12 CSR 10-3.470	Director of Revenue		30 MoReg 2489R		
12 CSR 10-3.566	Director of Revenue		30 MoReg 2489R		
12 CSR 10-3.568	Director of Revenue		30 MoReg 2490R		
12 CSR 10-3.892	Director of Revenue		30 MoReg 2490R		
12 CSR 10-5.535	Director of Revenue		30 MoReg 2167R	31 MoReg 240R	
12 CSR 10-5.540	Director of Revenue		30 MoReg 2167R	31 MoReg 241R	
12 CSR 10-5.570	Director of Revenue		30 MoReg 2167R	31 MoReg 241R	
12 CSR 10-5.575	Director of Revenue		30 MoReg 2168R	31 MoReg 241R	
12 CSR 10-5.585	Director of Revenue		30 MoReg 2168R	31 MoReg 241R	
12 CSR 10-5.590	Director of Revenue		30 MoReg 2168R	31 MoReg 241R	
12 CSR 10-5.595	Director of Revenue		30 MoReg 2168R	31 MoReg 241R	
12 CSR 10-5.605	Director of Revenue		30 MoReg 2169R	31 MoReg 242R	
12 CSR 10-6.030	Director of Revenue		30 MoReg 2490		
12 CSR 10-11.050	Director of Revenue		30 MoReg 2169R	31 MoReg 242R	
12 CSR 10-11.060	Director of Revenue		30 MoReg 2169R	31 MoReg 242R	
12 CSR 10-11.080	Director of Revenue		30 MoReg 2169R	31 MoReg 242R	
12 CSR 10-11.160	Director of Revenue		30 MoReg 2170R	31 MoReg 242R	
12 CSR 10-11.180	Director of Revenue		30 MoReg 2170R	31 MoReg 242R	
12 CSR 10-16.010	Director of Revenue		30 MoReg 2298R	31 MoReg 389R	
12 CSR 10-16.020	Director of Revenue		30 MoReg 2299R	31 MoReg 389R	
12 CSR 10-16.030	Director of Revenue		30 MoReg 2299R	31 MoReg 390R	
12 CSR 10-16.040	Director of Revenue		30 MoReg 2299	31 MoReg 390W	
12 CSR 10-16.050	Director of Revenue		30 MoReg 2300R	31 MoReg 390R	
12 CSR 10-16.060	Director of Revenue		30 MoReg 2300	31 MoReg 390	
12 CSR 10-16.070	Director of Revenue		30 MoReg 2300	31 MoReg 390	
12 CSR 10-16.090	Director of Revenue		30 MoReg 2301	31 MoReg 390	
12 CSR 10-16.100	Director of Revenue		30 MoReg 2301	31 MoReg 391	
12 CSR 10-16.110	Director of Revenue		30 MoReg 2302	31 MoReg 391	
12 CSR 10-16.120	Director of Revenue		30 MoReg 2302	31 MoReg 391W	
12 CSR 10-16.130	Director of Revenue		30 MoReg 2303	31 MoReg 391	
12 CSR 10-16.140	Director of Revenue		30 MoReg 2303	31 MoReg 392	
12 CSR 10-16.150	Director of Revenue		30 MoReg 2304	31 MoReg 392	
12 CSR 10-16.160	Director of Revenue		30 MoReg 2305R	31 MoReg 392R	
12 CSR 10-16.170	Director of Revenue		30 MoReg 2305	31 MoReg 392	
12 CSR 10-23.390	Director of Revenue		30 MoReg 2559R		
12 CSR 10-23.420	Director of Revenue		31 MoReg 216		
12 CSR 10-23.440	Director of Revenue		30 MoReg 2493R		
12 CSR 10-23.470	Director of Revenue		31 MoReg 216		
12 CSR 10-24.030	Director of Revenue		30 MoReg 2493		
12 CSR 10-24.120	Director of Revenue		30 MoReg 2559R		
12 CSR 10-24.370	Director of Revenue		31 MoReg 217R		
12 CSR 10-24.400	Director of Revenue		31 MoReg 217R		
12 CSR 10-24.412	Director of Revenue		30 MoReg 2170	31 MoReg 243	
12 CSR 10-41.010	Director of Revenue	30 MoReg 2550 31 MoReg 5T 31 MoReg 5	30 MoReg 2494		
			31 MoReg 35		
12 CSR 10-101.700	Director of Revenue		30 MoReg 2559		
12 CSR 10-103.350	Director of Revenue		30 MoReg 2171	31 MoReg 243	
12 CSR 10-103.620	Director of Revenue		30 MoReg 2559		
12 CSR 10-405.100	Director of Revenue		30 MoReg 2388	31 MoReg 392	
12 CSR 10-405.105	Director of Revenue		30 MoReg 2389	31 MoReg 392	
12 CSR 10-405.200	Director of Revenue		30 MoReg 2393	31 MoReg 393	
12 CSR 10-405.205	Director of Revenue		30 MoReg 2394	31 MoReg 393	
12 CSR 30-3.060	State Tax Commission		31 MoReg 217		
12 CSR 30-3.065	State Tax Commission		31 MoReg 218		
12 CSR 30-4.010	State Tax Commission		31 MoReg 218		
12 CSR 40-80.080	State Lottery		30 MoReg 2563		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
DEPARTMENT OF SOCIAL SERVICES					
13 CSR 35-34.080	Children's Division		30 MoReg 2399	This Issue	
13 CSR 40-2.030	Family Support Division		30 MoReg 2176	31 MoReg 393	31 MoReg 397
13 CSR 40-19.020	Family Support Division	30 MoReg 1993	30 MoReg 2055		
13 CSR 70-3.020	Division of Medical Services		30 MoReg 2498		
13 CSR 70-4.080	Division of Medical Services		30 MoReg 2563		
13 CSR 70-6.010	Division of Medical Services		This Issue		
13 CSR 70-15.010	Division of Medical Services		31 MoReg 384		
13 CSR 70-28.010	Division of Medical Services		30 MoReg 2306		
DEPARTMENT OF CORRECTIONS					
14 CSR 80-5.010	State Board of Probation and Parole	30 MoReg 2377	30 MoReg 2400	This Issue	
14 CSR 80-5.020	State Board of Probation and Parole	30 MoReg 2378	30 MoReg 2400	This Issue	
ELECTED OFFICIALS					
15 CSR 30-9.020	Secretary of State	This IssueR This Issue	This IssueR This Issue		
15 CSR 30-9.030	Secretary of State	This IssueR This Issue	This IssueR This Issue		
15 CSR 30-50.040	Secretary of State		30 MoReg 2307		
15 CSR 30-54.215	Secretary of State		30 MoReg 2308	31 MoReg 339	
15 CSR 30-54.260	Secretary of State		30 MoReg 2563		
15 CSR 60-14.040	Attorney General	30 MoReg 2382	30 MoReg 2406		
RETIREMENT SYSTEMS					
16 CSR 10-5.030	The Public School Retirement System of Missouri		30 MoReg 2498	This Issue	
16 CSR 10-6.090	The Public School Retirement System of Missouri		30 MoReg 2499	This Issue	
16 CSR 50-1.010	The County Employees' Retirement Fund		30 MoReg 2564		
16 CSR 50-2.035	The County Employees' Retirement Fund		30 MoReg 2564		
16 CSR 50-2.040	The County Employees' Retirement Fund		30 MoReg 2566		
16 CSR 50-2.120	The County Employees' Retirement Fund		30 MoReg 2566		
16 CSR 50-2.130	The County Employees' Retirement Fund		30 MoReg 2567		
16 CSR 50-2.160	The County Employees' Retirement Fund		30 MoReg 2567		
16 CSR 50-10.030	The County Employees' Retirement Fund		30 MoReg 2568		
16 CSR 50-10.050	The County Employees' Retirement Fund		30 MoReg 2568		
16 CSR 50-20.120	The County Employees' Retirement Fund		30 MoReg 2568		
PUBLIC DEFENDER COMMISSION					
18 CSR 10-3.010	Office of State Public Defender		31 MoReg 385		
DEPARTMENT OF HEALTH AND SENIOR SERVICES					
19 CSR 15-8.100	Division of Senior and Disability Services	31 MoReg 84	31 MoReg 100		
19 CSR 15-8.200	Division of Senior and Disability Services	31 MoReg 85	31 MoReg 101		
19 CSR 15-8.300	Division of Senior and Disability Services	31 MoReg 87	31 MoReg 103		
19 CSR 15-8.400	Division of Senior and Disability Services	31 MoReg 88R 31 MoReg 89	31 MoReg 106R 31 MoReg 106		
19 CSR 15-8.500	Division of Senior and Disability Services	31 MoReg 91	31 MoReg 110		
19 CSR 15-8.510	Division of Senior Services	31 MoReg 92R	31 MoReg 110R		
19 CSR 15-8.520	Division of Senior Services	31 MoReg 92R	31 MoReg 110R		
19 CSR 20-20.010	Division of Environmental Health and Communicable Disease Prevention		This Issue		
19 CSR 20-20.020	Division of Environmental Health and Communicable Disease Prevention		This Issue		
19 CSR 20-20.080	Division of Environmental Health and Communicable Disease Prevention	31 MoReg 277	This Issue		
19 CSR 30-20.011	Division of Senior Services and Regulation		30 MoReg 2177	This Issue	
19 CSR 30-20.021	Division of Senior Services and Regulation	30 MoReg 2000	30 MoReg 2070 31 MoReg 324		
19 CSR 30-30.010	Division of Senior Services and Regulation		30 MoReg 2179	This Issue	
19 CSR 30-30.020	Division of Senior Services and Regulation		30 MoReg 2181	This Issue	
19 CSR 30-81.010	Division of Senior Services and Regulation		30 MoReg 2499	This Issue	
19 CSR 30-88.010	Division of Regulation and Licensure		31 MoReg 111		
19 CSR 60-50	Missouri Health Facilities Review Committee				31 MoReg 340
19 CSR 73-2.015	Missouri Board of Nursing Home Administrators		31 MoReg 114		
19 CSR 73-2.050	Missouri Board of Nursing Home Administrators		31 MoReg 114		
19 CSR 73-2.055	Missouri Board of Nursing Home Administrators		31 MoReg 116		
DEPARTMENT OF INSURANCE					
20 CSR	Medical Malpractice				28 MoReg 489 29 MoReg 505 30 MoReg 481
20 CSR	Sovereign Immunity Limits				28 MoReg 2265 30 MoReg 108 30 MoReg 2587
20 CSR 200-1.030	Financial Examination		31 MoReg 116		
20 CSR 200-1.170	Financial Examination		31 MoReg 121		
20 CSR 200-6.100	Financial Examination		30 MoReg 2502	This Issue	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
20 CSR 400-1.020	Life, Annuities and Health		30 MoReg 1068		
20 CSR 400-2.165	Life, Annuities and Health		30 MoReg 2085	31 MoReg 243	
20 CSR 400-2.170	Life, Annuities and Health	31 MoReg 191	31 MoReg 219		
20 CSR 700-1.010	Licensing		30 MoReg 2187	31 MoReg 243	
20 CSR 700-1.145	Licensing		30 MoReg 2308	31 MoReg 339	
20 CSR 700-6.100	Licensing	31 MoReg 192	31 MoReg 221		
MISSOURI CONSOLIDATED HEALTH CARE PLAN					
22 CSR 10-2.010	Health Care Plan	31 MoReg 193R	31 MoReg 224R		
		31 MoReg 194	31 MoReg 224		
22 CSR 10-2.020	Health Care Plan	31 MoReg 198	31 MoReg 228		
22 CSR 10-2.050	Health Care Plan	31 MoReg 199	31 MoReg 229		
22 CSR 10-2.060	Health Care Plan	31 MoReg 200	31 MoReg 230		
22 CSR 10-2.064	Health Care Plan	31 MoReg 202	31 MoReg 232		
22 CSR 10-2.067	Health Care Plan	31 MoReg 202	31 MoReg 232		
22 CSR 10-2.090	Health Care Plan	31 MoReg 204	31 MoReg 234		

Agency

Publication

Expiration

Department of Agriculture

Animal Health

- 2 CSR 30-2.014 Import Restrictions of Beef Cattle, Bison and Cervids from the State of Minnesota Next Issue Terminated March 2, 2006

Department of Economic Development

Public Service Commission

- 4 CSR 240-13.055 Cold Weather Maintenance of Service: Provision of Residential Heat-Related Utility Service During Cold Weather 31 MoReg 181 March 31, 2006

Department of Transportation

Missouri Highways and Transportation Commission

- 7 CSR 10-24.030 Procedures for Solicitations and Receipt of Proposals. 30 MoReg 2373 April 25, 2006
7 CSR 10-24.110 Solicitation Procedures for Competitive Proposals 30 MoReg 2374 April 25, 2006
7 CSR 10-24.120 Past Performance 30 MoReg 2376 April 25, 2006

Department of Labor and Industrial Relations

Division of Employment Security

- 8 CSR 10-4.190 State Unemployment Tax Act Dumping. 31 MoReg 5 June 29, 2006

Workers' Compensation

- 8 CSR 50-2.020 Administration. 31 MoReg 83 June 19, 2006
8 CSR 50-5.060 Evaluation of Hearing Disability 30 MoReg 2467 April 27, 2006

Department of Natural Resources

Land Reclamation Commission

- 10 CSR 40-7.011 Bond Requirements. 31 MoReg 182 June 29, 2006
10 CSR 40-7.021 Duration and Release of Reclamation Liability 31 MoReg 186 June 29, 2006
10 CSR 40-7.031 Permit Revocation, Bond Forfeiture and Authorization to Expend Reclamation Fund Monies. 31 MoReg 188 June 29, 2006
10 CSR 40-7.041 Form and Administration of the Coal Mine Land Reclamation Fund . . . 31 MoReg 189 June 29, 2006

Department of Public Safety

Adjutant General

- 11 CSR 10-7.010 Missouri Military Family Relief Fund. 30 MoReg 2549 May 10, 2006

Department of Revenue

Director of Revenue

- 12 CSR 10-41.010 Annual Adjusted Rate of Interest 31 MoReg 5 June 29, 2006

Department of Social Services

Family Support Division

- 13 CSR 40-19.020 Low Income Home Energy Assistance Program 30 MoReg 1993 March 31, 2006

Department of Corrections

State Board of Probation and Parole

- 14 CSR 80-5.010 Definitions for Intervention Fee. 30 MoReg 2377 April 29, 2006
14 CSR 80-5.020 Intervention Fee Procedure. 30 MoReg 2378 April 29, 2006

Elected Officials

Secretary of State

- 15 CSR 30-9.020 Uniform Counting Standards—Optical Scan Voting Systems This Issue August 16, 2006
15 CSR 30-9.020 Uniform Counting Standards—Optical Scan Voting Systems This Issue August 16, 2006
15 CSR 30-9.030 Uniform Counting Standards—Paper Ballots. This Issue August 16, 2006
15 CSR 30-9.030 Uniform Counting Standards—Paper Ballots. This Issue August 16, 2006

Attorney General

- 15 CSR 60-14.010 Claims by the Boards of Police Commissioners of St. Louis and Kansas City 30 MoReg 2382 April 14, 2006

Department of Health and Senior Services

Division of Senior and Disability Services

- 19 CSR 15-8.100 Definitions 31 MoReg 84 June 23, 2006
19 CSR 15-8.200 Eligibility 31 MoReg 85 June 23, 2006
19 CSR 15-8.300 Eligibility for Non-Medicaid Eligible Program 31 MoReg 87 June 23, 2006

19 CSR 15-8.400	Providers	31	MoReg 88	June 23, 2006
19 CSR 15-8.400	Vendors	31	MoReg 89	June 23, 2006
19 CSR 15-8.500	Hearing Rights	31	MoReg 91	June 23, 2006
19 CSR 15-8.510	Informal Review	31	MoReg 92	June 23, 2006
19 CSR 15-8.520	Hearing	31	MoReg 92	June 23, 2006
Division of Environmental Health and Communicable Disease Prevention				
19 CSR 20-20.080	Duties of Laboratories.	31	MoReg 277.	July 3, 2006

Department of Insurance

Life, Annuities and Health

20 CSR 400-2.170	Early Intervention Part C Coverage	31	MoReg 191.	June 29, 2006
Licensing				
20 CSR 700-6.100	Applications, Fees and Renewals—Bail Bond Agents, General Bail Bond Agents and Surety Recovery Agents	31	MoReg 192.	July 12, 2006

Missouri Consolidated Health Care Plan

Health Care Plan

22 CSR 10-2.010	Definitions	31	MoReg 193.	June 29, 2006
22 CSR 10-2.010	Definitions	31	MoReg 194.	June 29, 2006
22 CSR 10-2.020	Subscriber Agreement and General Membership Provisions.	31	MoReg 198.	June 29, 2006
22 CSR 10-2.050	PPO and Co-Pay Provisions and Covered Charges.	31	MoReg 199.	June 29, 2006
22 CSR 10-2.060	PPO and Co-Pay Plan Limitation.	31	MoReg 200.	June 29, 2006
22 CSR 10-2.064	HMO and POS Summary of Medical Benefits	31	MoReg 202.	June 29, 2006
22 CSR 10-2.067	HMO and POS Limitations	31	MoReg 202.	June 29, 2006
22 CSR 10-2.090	Pharmacy Benefit Summary	31	MoReg 204.	June 29, 2006

Executive Orders

Subject Matter

Filed Date

Publication

2006

06-01	Designates members of staff with supervisory authority over selected state agencies	January 10, 2006	31 MoReg 281
06-02	Extends the deadline for the State Retirement Consolidation Commission to issue its final report and terminate operations to March 1, 2006	January 11, 2006	31 MoReg 283
06-03	Creates and establishes the Missouri Healthcare Information Technology Task Force	January 17, 2006	31 MoReg 371
06-04	Governor Matt Blunt transfers functions, personnel, property, etc. of the Division of Finance, the State Banking Board, the Division of Credit Unions, and the Division of Professional Registration to the Department of Insurance. Renames the Department of Insurance as the Missouri Department of Insurance, Financial Institutions and Professional Registration. Effective August 28, 2006	February 1, 2006	This Issue
06-05	Governor Matt Blunt transfers functions, personnel, property, etc. of the Missouri Rx Plan Advisory Commission to the Missouri Department of Health and Senior Services. Effective August 28, 2006	February 1, 2006	This Issue
06-06	Governor Matt Blunt transfers functions, personnel, property, etc. of the Missouri Assistive Technology Advisory Council to the Missouri Department of Elementary and Secondary Education. Rescinds certain provisions of Executive Order 04-08. Effective August 28, 2006	February 1, 2006	This Issue
06-07	Governor Matt Blunt transfers functions, personnel, property, etc. of the Missouri Life Sciences Research Board to the Missouri Department of Economic Development	February 1, 2006	This Issue
06-08	Names the state office building, located at 1616 Missouri Boulevard, Jefferson City, Missouri, in honor of George Washington Carver	February 7, 2006	This Issue
06-09	Directs and orders that the Director of the Department of Public Safety is the Homeland Security Advisor to the Governor, reauthorizes the Homeland Security Advisory Council and assigns them additional duties	February 10, 2006	This Issue

2005

05-01	Rescinds Executive Order 01-09	January 11, 2005	30 MoReg 261
05-02	Restricts new lease and purchase of vehicles, cellular phones, and office space by executive agencies	January 11, 2005	30 MoReg 262
05-03	Closes state's Washington D.C. office	January 11, 2005	30 MoReg 264
05-04	Authorizes Transportation Director to issue declaration of regional or local emergency with reference to motor carriers	January 11, 2005	30 MoReg 266
05-05	Establishes the 2005 Missouri State Government Review Commission	January 24, 2005	30 MoReg 359
05-06	Bans the use of video games by inmates in all state correctional facilities	January 24, 2005	30 MoReg 362
05-07	Consolidates the Office of Information Technology to the Office of Administration's Division of Information Services	January 26, 2005	30 MoReg 363
05-08	Consolidates the Division of Design and Construction to Division of Facilities Management, Design and Construction	February 2, 2005	30 MoReg 433
05-09	Transfers the Missouri Head Injury Advisory Council to the Department of Health and Senior Services	February 2, 2005	30 MoReg 435
05-10	Transfers and consolidates in-home care for elderly and disabled individuals from the Department of Elementary and Secondary Education and the Department of Social Services to the Department of Health and Senior Services	February 3, 2005	30 MoReg 437
05-11	Rescinds Executive Order 04-22 and orders the Department of Health and Senior Services and all Missouri health care providers and others that possess influenza vaccine adopt the Center for Disease Control and Prevention, Advisory Committee for Immunization Practices expanded priority group designations as soon as possible and update the designations as necessary	February 3, 2005	30 MoReg 439
05-12	Designates members of staff with supervisory authority over selected state agencies	March 8, 2005	30 MoReg 607
05-13	Establishes the Governor's Advisory Council for Plant Biotechnology	April 26, 2005	30 MoReg 1110
05-14	Establishes the Missouri School Bus Safety Task Force	May 17, 2005	30 MoReg 1299
05-15	Establishes the Missouri Task Force on Eminent Domain	June 28, 2005	30 MoReg 1610

Executive Orders	Subject Matter	Filed Date	Publication
05-16	Transfers all power, duties and functions of the State Board of Mediation to the Labor and Industrial Relations Commission of Missouri	July 1, 2005	30 MoReg 1612
05-17	Declares a DROUGHT ALERT for the counties of Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Pemiscot, Perry, Pike, Ralls, Reynolds, Ripley, Ste. Francois, Ste. Genevieve, Scott, Shannon, Stoddard and Wayne	July 5, 2005	30 MoReg 1693
05-18	Directs the Director of the Department of Insurance to adopt rules to protect consumer privacy while providing relevant information about insurance companies to the public	July 12, 2005	30 MoReg 1695
05-19	Creates the Insurance Advisory Panel to provide advice to the Director of Insurance	July 19, 2005	30 MoReg 1786
05-20	Establishes the Missouri Homeland Security Advisory Council. Creates the Division of Homeland Security within the Department of Public Safety. Rescinds Executive Orders 02-15 and 02-16	July 21, 2005	30 MoReg 1789
05-21	Creates and amends Meramec Regional Planning Commission to include Pulaski County	August 22, 2005	30 MoReg 2006
05-22	Establishes the State Retirement Consolidation Commission	August 26, 2005	30 MoReg 2008
05-23	Acknowledges regional state of emergency and temporarily waives regulatory requirements for vehicles engaged in interstate disaster relief	August 30, 2005	30 MoReg 2010
05-24	Implements the Emergency Mutual Assistance Compact (EMAC) with the state of Mississippi, directs SEMA to activate the EMAC plan, authorizes use of the Missouri National Guard	August 30, 2005	30 MoReg 2013
05-25	Implements the Emergency Mutual Assistance Compact (EMAC) with the state of Louisiana, directs SEMA to activate the EMAC plan, authorizes use of the Missouri National Guard	August 30, 2005	30 MoReg 2015
05-26	Declares a state of emergency in Missouri and suspends rules and regulations regarding licensing of healthcare providers while treating Hurricane Katrina evacuees	September 2, 2005	30 MoReg 2129
05-27	Directs all relevant state agencies to facilitate the temporary licensure of any healthcare providers accompanying and/or providing direct care to evacuees	September 2, 2005	30 MoReg 2131
05-28	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated, and authorizes the use of state agencies to provide support to the relocation of Hurricane Katrina disaster victims	September 4, 2005	30 MoReg 2133
05-29	Directs the Adjutant General call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and to support civilian authorities	September 4, 2005	30 MoReg 2135
05-30	Governor Matt Blunt establishes the Office of Supplier and Workforce Diversity to replace the Office of Equal Opportunity. Declares policies and procedures for procuring goods and services and remedying discrimination against minority and women-owned business enterprises	September 8, 2005	30 MoReg 2137
05-31	Assigns the Missouri Community Service Commission to the Department of Economic Development	September 14, 2005	30 MoReg 2227
05-32	Grants leave to additional employees participating in disaster relief services	September 16, 2005	30 MoReg 2229
05-33	Directs the Department of Corrections to lead an interagency steering team for the Missouri Reentry Process (MRP)	September 21, 2005	30 MoReg 2231
05-34	Orders the Adjutant General to call into active service portions of the militia in response to the influx of Hurricane Rita victims	September 23, 2005	30 MoReg 2233
05-35	Declares a State of Emergency, directs the State Emergency Operations Plan be activated, and authorizes use of state agencies to provide support for the relocation of Hurricane Rita victims	September 23, 2005	30 MoReg 2235
05-36	Acknowledges regional state of emergency and temporarily waives regulatory requirements for commercial vehicles engaged in interstate disaster relief	September 23, 2005	30 MoReg 2237
05-37	Closes state offices on Friday, November 25, 2005	October 11, 2005	30 MoReg 2383
05-38	Implements the EMAC with the State of Florida in response to Hurricane Wilma	October 21, 2005	30 MoReg 2470
05-39	Acknowledges continuing regional state of emergency, temporarily limits regulatory requirements for commercial vehicles engaged in interstate disaster relief, and rescinds orders 05-23 and 05-36	October 25, 2005	30 MoReg 2472
05-40	Amends Executive Order 98-15 to increase the Missouri State Park Advisory Board from eight to nine members	October 26, 2005	30 MoReg 2475
05-41	Creates and establishes the Governor's Advisory Council for Veterans Affairs	November 14, 2005	30 MoReg 2552

**Executive
Orders**

Subject Matter

Filed Date

Publication

05-42	Establishes the National Incident Management System (NIMS) as the standard for emergency incident management in the State of Missouri	November 14, 2005	30 MoReg 2554
05-43	Creates and establishes the Hispanic Business, Trade and Culture Commission and abolishes the Missouri Governor's Commission on Hispanic Affairs	November 30, 2005	31 MoReg 93
05-44	Declares a state of emergency and activates the Missouri State Emergency Operations Plan as a result of the failure of the dam at Taum Sauk Reservoir	December 14, 2005	31 MoReg 96
05-45	Directs the Adjutant General to activate the organized militia as needed as a result of the failure of the dam at Taum Sauk Reservoir	December 14, 2005	31 MoReg 97
05-46	Creates and establishes the Missouri Energy Task Force	December 27, 2005	31 MoReg 206
05-47	Directs that the issuance of overdimension and overweight permits by the Missouri Department of Transportation for commercial motor carriers engaged in cleanup efforts in Reynolds County resulting from the Taum Sauk Upper Reservoir failure shall be subject to interim application requirements	December 29, 2005	31 MoReg 279

The rule number and the MoReg publication date follow each entry to this index.

ADJUTANT GENERAL

military family relief fund; 11 CSR 10-7.010; 12/15/05

ADMINISTRATION, OFFICE OF

cafeteria plan; 1 CSR 10-15.010; 8/15/05; 9/1/05, 11/15/05
direct deposit of payroll requirements; 1 CSR 10-8.010; 8/1/05, 11/1/05

vendor

payroll deductions; 1 CSR 10-4.010; 8/15/05; 9/1/05, 11/15/05

registration, bidding, suspension, debarment;
1 CSR 40-1.060; 7/15/05, 11/15/05

ADOPT-A-HIGHWAY PROGRAM

agreement; 7 CSR 10-14.040; 2/15/06
modification, termination; 7 CSR 10-14.060; 2/15/06
application; 7 CSR 10-14.030; 2/15/06
definitions; 7 CSR 10-14.020; 2/15/06
purpose; 7 CSR 10-14.010; 2/15/06
sign; 7 CSR 10-14.050; 2/15/06

AIR QUALITY, POLLUTION

ambient air quality standards; 10 CSR 10-6.010; 8/15/05, 1/17/06
definitions; 10 CSR 10-6.020; 8/15/05, 1/17/06
reference methods; 10 CSR 10-6.040; 8/15/05, 1/17/06
sampling methods for air pollution sources; 10 CSR 10-6.030; 8/15/05, 1/17/06
appeals, requests for hearings; 10 CSR 10-1.030; 6/15/05, 12/1/05
conformity to state and federal plans, programs
Kansas City; 10 CSR 10-2.390; 5/2/05, 11/1/05
St. Louis; 10 CSR 10-5.480; 5/2/05, 11/1/05
construction permit exemptions; 10 CSR 10-6.061; 1/3/06
emissions
data, fees, process information; 10 CSR 10-6.110; 6/15/05, 11/1/05

AMBER ALERT

activating procedures, law enforcement; 11 CSR 30-10.020; 11/1/05, 2/1/06
definitions; 11 CSR 30-10.010; 11/1/05, 2/1/06

AMBULANCES

emergency program; 13 CSR 70-6.010; 3/15/06

AMBULATORY SURGICAL CENTERS

administration standards; 19 CSR 30-30.020; 10/17/05, 3/15/06
definitions, procedures for licensing; 19 CSR 30-30.010; 10/17/05, 3/15/06

ANESTHESIOLOGIST ASSISTANTS

advisory commission; 4 CSR 150-9.140; 2/15/06
code of ethics; 4 CSR 150-9.130; 2/15/06
continuing education; 4 CSR 150-9.070; 2/15/06
definitions; 4 CSR 150-9.010; 2/15/06
employment, changes, retirement affidavit; 4 CSR 150-9.110; 2/15/06
fees; 4 CSR 150-9.080; 2/15/06
license, duplicate; 4 CSR 150-9.120; 2/15/06
licensure
applicants; 4 CSR 150-9.030; 2/15/06
effective date; 4 CSR 150-9.020; 2/15/06
reinstatement requirements; 4 CSR 150-9.100; 2/15/06
renewal; 4 CSR 150-9.060; 2/15/06
temporary licensure
applicants; 4 CSR 150-9.050; 2/15/06
renewal; 4 CSR 150-9.051; 2/15/06
registration, late; 4 CSR 150-9.090; 2/15/06
supervision agreement; 4 CSR 150-9.040; 2/15/06

ANIMAL HEALTH

admission of livestock; 2 CSR 30-2.010; 5/16/05, 7/15/05, 12/15/05
import prohibition, 2 CSR 30-2.014; 2/15/06
inspection of meat and poultry; 2 CSR 30-10.010; 3/15/06
vesicular stomatitis restrictions; 2 CSR 30-2.005; 9/15/05, 2/1/06

ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS, LANDSCAPE ARCHITECTS

admission to examination
architects; 4 CSR 30-5.050; 6/15/05, 10/3/05, 2/1/06
standards; 4 CSR 30-5.030; 10/3/05
engineers, standards passing of Part I required;
4 CSR 30-5.100; 10/3/05, 2/1/06
application
criteria to file under 327.391; 4 CSR 30-4.050; 1/3/06
renewal, reinstatement, reregistration, fees; 4 CSR 30-6.015; 1/3/06
baccalaureate degree; 4 CSR 30-14.020; 1/3/06
board compensation; 4 CSR 30-1.020; 1/3/06
code of professional conduct; 4 CSR 30-2.010; 1/3/06
definitions
Chapter 17; 4 CSR 30-17.010; 1/3/06
Chapter 18; 4 CSR 30-18.010; 1/3/06
Chapter 20; 4 CSR 30-20.010; 1/3/06
evaluations, comity applications
engineers; 4 CSR 30-4.070; 10/3/05, 2/1/06
landscape architects; 4 CSR 30-4.090; 10/3/05, 2/1/06
examinations
architects, NCARB; 4 CSR 30-5.020; 1/3/06
engineers, NCEE; 4 CSR 30-5.070; 1/3/06
fees, reexamination; 4 CSR 30-6.020; 1/3/06
land surveying matters; 4 CSR 30-8.010; 1/3/06
nonresidents; 4 CSR 30-7.010; 1/3/06
organization; 4 CSR 30-1.010; 10/3/05, 2/1/06
renewal period; 4 CSR 30-11.010; 1/3/06
report, surveyor's real property; 4 CSR 30-19.010; 1/3/06
supervisor, immediate personal; 4 CSR 30-13.010; 1/3/06
land surveyors; 4 CSR 30-13.020; 1/3/06

ASSISTIVE TECHNOLOGY ADVISORY COUNCIL, MISSOURI

assistive technology loan program; 8 CSR 70-1.020 (changed to 1 CSR 70-1.020); 7/1/05, 11/1/05
telecommunications access program; 8 CSR 70-1.010 (changed to 1 CSR 70-1.010); 7/1/05, 11/1/05

ATTORNEY GENERAL, OFFICE OF THE

claims, boards of police commissioners; 15 CSR 60-14.040; 11/15/05

BEVERAGE MANUFACTURERS AND DISTRIBUTORS

licensing, collection of fees; 19 CSR 20-1.060; 5/16/05

BINGO

card; 11 CSR 45-30.035; 3/1/06
electronic bingo card monitoring devices; 11 CSR 45-30.600; 3/1/06
information, additional; 11 CSR 45-30.090; 3/1/06
manufacturer, defined; 11 CSR 45-30.390; 3/1/06
package deals, tying arrangements prohibited; 11 CSR 45-30.480; 3/1/06
record keeping requirements; 11 CSR 45-30.175; 3/1/06
wireless technology; 11 CSR 45-30.610; 3/1/06
worker-player; 11 CSR 45-30.140; 3/1/06

BOILER AND PRESSURE VESSELS

code, standards; 11 CSR 40-2.015; 2/15/06
definitions; 11 CSR 40-2.010; 2/15/06
heating boiler; 11 CSR 40-2.040; 2/15/06
power boiler; 11 CSR 40-2.030; 2/15/06

BOLL WEEVIL ERADICATION

cotton stalk destruction; 2 CSR 70-13.040; 11/1/05, 2/15/06
participation, fees, penalties; 2 CSR 70-13.030; 11/1/05, 2/15/06

CERTIFICATE OF NEED PROGRAM

application package; 19 CSR 60-50.430; 7/15/05, 11/1/05

CHILDREN'S DIVISION

children's disbursement income system (KIDS);
13 CSR 35-34.080; 11/15/05, 3/15/06

CHIROPRACTIC EXAMINERS, STATE BOARD OF

fees; 4 CSR 70-2.090; 12/15/05

CLEAN WATER COMMISSION

effluent regulations; 10 CSR 20-7.015; 5/2/05, 11/15/05
water quality standards; 10 CSR 20-7.031; 5/2/05, 11/15/05

CONSERVATION COMMISSION

bass, white, yellow, striped; 3 CSR 10-6.545; 10/17/05, 1/3/06
boats, motors; 3 CSR 10-12.110; 10/17/05,
1/3/06; 3 CSR 10-11.160; 1/3/06
bullfrogs; 3 CSR 10-7.445; 10/17/05, 1/3/06
bullfrogs, green frogs; 3 CSR 10-12.115; 10/3/05, 12/15/05
catfish, channel, blue, flathead; 3 CSR 10-6.510; 10/17/05,
1/3/06
closed hours; 3 CSR 10-12.109; 6/1/05, 8/15/05
3 CSR 10-12.109; 10/17/05, 1/3/06
confinement, wildlife
prohibitions, application; 3 CSR 10-9.110; 10/17/05, 1/3/06
provisions; 3 CSR 10-9.105; 10/17/05, 1/3/06
standards; 3 CSR 10-9.220; 10/17/05, 1/3/06
crappie; 3 CSR 10-6.515; 10/17/05, 1/3/06
deer hunting
nonresident
archery, antlerless; 3 CSR 10-5.554; 10/17/05, 1/3/06
firearms, first bonus; 3 CSR 10-5.552; 10/17/05, 1/3/06
resident
firearms, first bonus; 3 CSR 10-5.352; 10/17/05, 1/3/06
definitions; 3 CSR 10-20.805; 10/17/05, 1/3/06
provisions, general; 3 CSR 10-11.110; 10/17/05, 1/3/06
field trials; 3 CSR 10-11.125; 10/17/05, 1/3/06
fishing
commercial; 3 CSR 10-10.725; 10/17/05, 1/3/06
length limits; 3 CSR 10-12.145; 10/17/05, 1/3/06
3 CSR 10-11.215; 10/17/05, 1/3/06
limits, daily and possession;
3 CSR 10-12.140; 2/1/05, 11/15/05
3 CSR 10-11.210; 10/17/05, 1/3/06
methods; 3 CSR 10-12.135; 3/1/05, 11/15/05
3 CSR 10-6.410; 10/17/05, 1/3/06
methods, hours; 3 CSR 10-11.205; 10/17/05, 1/3/06
provisions, seasons; 3 CSR 10-11.200; 10/17/05, 1/3/06
reciprocal privileges; 3 CSR 10-10.726; 10/17/05, 1/3/06
sport fishing, general provisions; 3 CSR 10-6.405; 10/17/05,
1/3/06
furbearers
hunting seasons, methods; 3 CSR 10-7.450; 11/15/05, 2/1/06
trapping seasons; 3 CSR 10-8.515; 11/15/05, 2/1/06
fur handlers, resident
permit; 3 CSR 10-10.711; 11/15/05, 2/1/06
reports, requirements; 3 CSR 10-10.716; 11/15/05, 2/1/06
ginseng; 3 CSR 10-4.113; 10/17/05, 1/3/06
hand fishing, experimental, catfish; 3 CSR 10-6.511; 10/17/05,
1/3/06

hunting

general provisions; 3 CSR 10-7.405; 10/17/05, 1/3/06
methods; 3 CSR 10-7.410; 6/1/05, 2/1/06
provisions, seasons; 3 CSR 10-11.180; 10/17/05, 1/3/06
trapping; 3 CSR 10-12.125; 6/1/05, 8/15/05; 10/3/05,
12/15/05
licensed hunting preserve; 3 CSR 10-9.565; 10/17/05, 1/3/06
live bait; 3 CSR 10-6.605; 10/17/05, 1/3/06
musseling, commercial; 3 CSR 10-10.782; 10/17/05, 1/3/06
National Guard, Reserve, small game hunting and fishing permit;
3 CSR 10-5.331; 3/1/06
organization, method of operations; 3 CSR 10-1.010; 8/15/05,
11/1/05
owner may protect property; 3 CSR 10-4.130; 10/17/05, 1/3/06
permit
required, exceptions; 3 CSR 10-5.205; 1/17/06
shovelnose sturgeon, commercial harvest;
3 CSR 10-10.722; 10/17/05, 1/3/06
nonresident; 3 CSR 10-10.724; 10/17/05, 1/3/06
permits, privileges
how obtained, not transferable; 3 CSR 10-5.215; 10/17/05,
1/3/06
pheasants; 3 CSR 10-7.430; 10/17/05, 1/3/06
prohibitions
wildlife code; 3 CSR 10-4.110; 10/17/05, 1/3/06
restricted zones; 3 CSR 10-6.415; 10/17/05, 1/3/06
trapping; 3 CSR 10-8.505; 10/17/05, 1/3/06
transportation; 3 CSR 10-4.135; 10/3/05, 12/15/05, 1/3/06,
3/15/06
trout; 3 CSR 10-6.535; 10/3/05, 12/15/05
turkeys; 3 CSR 10-7.455; 2/1/06
use of traps; 3 CSR 10-8.510; 10/17/05, 1/3/06
wildlife
breeders; 3 CSR 10-9.353; 10/17/05, 1/3/06
giving away; 3 CSR 10-4.136; 10/3/05, 12/15/05
identification; 3 CSR 10-4.137; 10/3/05, 12/15/05
possession, storage, processing; 3 CSR 10-4.140; 10/3/05,
12/15/05
preparing and serving; 3 CSR 10-4.145; 10/3/05, 12/15/05
prohibitions, application; 3 CSR 10-4.110; 10/17/05, 1/3/06
provisions; 3 CSR 10-9.105; 10/17/05, 1/3/06
standards; 3 CSR 10-9.220; 10/17/05, 1/3/06

CONTROLLED SUBSTANCES

dispensing without a prescription; 19 CSR 30-1.074; 10/3/05,
1/17/06
security for nonpractitioners; 19 CSR 30-1.032; 10/3/05, 1/17/06

CREDIT UNIONS, DIVISION OF

member business loans; 4 CSR 100-2.045; 12/1/05, 3/15/06

**DEAF AND HARD OF HEARING, MISSOURI
COMMISSION FOR THE**

written test; 5 CSR 100-200.060; 7/1/05, 11/1/05

DESIGN AND CONSTRUCTION

minority/women business enterprise participation
state contracts; 1 CSR 30-5.010; 12/1/05, 3/15/06

**DISEASES, COMMUNICABLE, ENVIRONMENTAL,
OCCUPATIONAL**

definitions; 19 CSR 20-20.010; 3/15/06
laboratories, duties of; 19 CSR 20-20.080; 3/15/06
reporting; 19 CSR 20-20.020; 3/15/06

DIETITIANS, STATE COMMITTEE OF

fees; 4 CSR 115-1.040; 2/15/06
inactive status; 4 CSR 115-2.045; 2/15/06

DRIVERS LICENSE BUREAU

commercial licensing, third party examination audit retest process;
 12 CSR 10-24.335; 8/15/05, 12/1/05
 examinations, written, commercial drivers license;
 12 CSR 10-24.300; 10/3/05, 1/17/06
 hearings; 12 CSR R10-24.030; 12/1/05
 license denial; 12 CSR 10-24.325; 10/3/05, 1/17/06
 name, assumed or common use; 12 CSR 10-24.120; 12/15/05
 proof of identity; 12 CSR 10-24.448; 8/1/05, 11/15/05
 school bus program
 authority to administer permit examination; 12 CSR
 10-24.400; 2/1/06
 waiver of written examination; 12 CSR 10-24.370; 2/1/06
 waiver, commercial drivers license for farm-related service
 industries; 12 CSR 10-24.412; 10/17/05, 2/1/06

DRY-CLEANING ENVIRONMENTAL RESPONSE TRUST FUND

abandoned sites, notification; 10 CSR 25-17.160; 11/1/05
 application procedures; 10 CSR 25-17.090; 11/1/05
 applicability; 10 CSR 25-17.010; 11/1/05
 claims; 10 CSR 25-17.150; 11/1/05
 closure of facilities; 10 CSR 25-17.070; 11/1/05
 definitions; 10 CSR 25-17.020; 11/1/05
 eligible costs; 10 CSR 25-17.110; 11/1/05
 participation, eligibility for funding; 10 CSR 25-17.100; 11/1/05
 payment of deductibles and limits; 10 CSR 25-17.120; 11/1/05
 registration and surcharges; 10 CSR 25-17.030; 11/1/05
 reimbursement procedures; 10 CSR 25-17.140; 11/1/05
 releases and contamination; 10 CSR 25-17.050; 11/1/05
 reporting and record keeping; 10 CSR 25-17.040; 11/1/05
 site characterization and corrective action; 10 CSR 25-17.080;
 11/1/05
 site prioritization and completion; 10 CSR 25-17.060; 11/1/05
 suspension of collection of surcharges, reinstatement;
 10 CSR 25-17.130; 11/1/05
 violations; 10 CSR 25-17.170; 11/1/05

ELECTIONS DIVISION

uniform counting standards
 optical scan voting systems; 15 CSR 30-9.020; 3/15/06
 paper ballots; 15 CSR 30-9.030; 3/15/06

ELEMENTARY AND SECONDARY EDUCATION

certificate of license to teach
 administrators; 5 CSR 80-800.220; 8/1/05, 12/15/05
 application; 5 CSR 80-800.200; 8/1/05, 12/15/05
 adult education and literacy; 5 CSR 80-800.280; 8/1/05,
 12/15/05
 classification; 5 CSR 80-800.360; 8/1/05, 12/15/05
 content areas; 5 CSR 80-800.350; 8/1/05, 12/15/05
 student services; 5 CSR 80-800.230; 8/1/05, 12/15/05
 substitute; 5 CSR 80-800.290; 8/1/05, 12/15/05
 vocational-technical; 5 CSR 80-800.270; 8/1/05,
 12/15/05
 temporary authorization; 5 CSR 80-800.260; 8/1/05, 12/15/05
 graduation requirements, high school; 5 CSR 50-345.300; 8/1/05,
 12/15/05
 individuals with disabilities education act; 5 CSR 70-742.141;
 8/15/05, 12/15/05
 professional education certification; 5 CSR 80-800.380; 8/1/05,
 12/15/05
 reporting of information by school districts; 5 CSR 50-340.200;
 8/1/05, 12/15/05
 scholarships, Robert C Byrd; 5 CSR 80-860.010; 9/15/05, 2/1/06

ENERGY ASSISTANCE

low income energy assistance; 13 CSR 40-19.020; 10/3/05

EXECUTIVE ORDERS

acknowledges continuing regional state of emergency, disaster
 relief, temporarily limits regulatory requirements for
 commercial vehicles, and rescinds orders 05-23 and 05-36;
 05-39; 12/1/05
 Community Service Commission; 05-31; 11/1/05
 Department of Finance, State Banking Board, and Division of
 Professional Registration transfer to Department of Insurance;
 06-04; 3/15/06
 drought alert; 05-17; 8/15/05
 Emergency Mutual Assistance Compact with the State of
 Louisiana; 05-25; 10/3/05
 Emergency Mutual Assistance Compact with the State of
 Mississippi; 05-24; 10/3/05
 eminent domain, task force; 05-15; 8/1/05
 Energy Task Force, Missouri; 05-46; 2/1/06
 Governor's Council on Veteran's Affairs; 05-41; 12/15/05
 governor's staff, supervisory authority, departments;
 06-02; 2/15/06
 Healthcare Information Technology Task Force; 06-03; 3/1/06
 Hispanic Business, Trade and Culture Commission; 05-43; 1/17/06
 holiday schedule, closes state offices on
 Friday, November 25, 2005; 05-37; 11/15/05
 Homeland Security Advisory Council; 05-20; 9/1/05
 established in the Department of Public Safety;
 06-09; 3/15/06
 Hurricane Katrina
 Adjutant General to call and order organized militia;
 05-29; 10/17/05
 disaster service volunteers; 05-32; 11/1/05
 relocation of victims; 05-28; 10/17/05
 Hurricane Rita
 Adjutant General to call and order organized militia;
 05-34; 11/1/05
 commercial motor vehicle regulatory requirements;
 05-36; 11/1/05
 relocation of victims; 05-35; 11/1/05
 Hurricane Wilma
 implements the EMAC with the state of Florida; 05-38;
 12/1/05
 Insurance Advisory Panel; 05-18; 8/15/05
 19-05; 9/1/05
 licensing of healthcare providers
 state agencies to facilitate temporary licensure; 05-27;
 10/17/05
 while treating Hurricane Katrina evacuees; 05-26; 10/17/05
 Meramec Regional Planning Commission; 05-21; 10/3/05
 Missouri Assistive Technology Advisory Council transfers to
 Department of Elementary and Secondary Education;
 06-06; 3/15/06
 Missouri Life Sciences Research Board transfers to the Department
 of Economic Development; 06-07; 3/15/06
 Missouri Reentry Process, interagency steering team; 05-33;
 11/1/05
 Missouri Rx Plan Advisory Commission transfers to the
 Department of Social Services; 06-05; 3/15/06
 Missouri State Park Advisory Board; 05-40; 12/1/05
 National Incident Management System; 05-42; 12/15/05
 Office of Supplier and Workforce Diversity to replace Office of
 Equal Opportunity; 05-30; 10/17/05
 renames 1616 Missouri Blvd the George Washington Carver State
 Office Building; 06-08; 3/15/06
 State Board of Mediation transfers to Labor and Industrial
 Relations Commission; 05-16; 8/1/05
 State Retirement Consolidation Commission; 05-22; 10/3/05
 final report deadline; 06-01; 2/15/06
 Taum Sauk Reservoir
 National Guard response; 05-45; 1/17/06
 state of emergency; 05-44; 1/17/06
 transportation of equipment; 05-47; 2/15/06
 waiver, commercial motor vehicle regulatory requirements,
 engaged in interstate disaster relief; 05-23; 10/3/05

FACILITIES MANAGEMENT

leasing process, administration; 1 CSR 35-2.030; 12/1/05, 3/15/06
public use of state facilities; 1 CSR 35-1.050; 12/1/05, 3/15/06

FAMILY SUPPORT DIVISION

definitions, real and personal property; 13 CSR 40-2.030;
10/17/05, 3/1/06
eligibility for medical assistance; 13 CSR 40-2.200; 8/1/05,
9/1/05, 12/1/05
grandparents as foster parents; 13 CSR 40-2.380; 7/15/05, 11/1/05
Medicaid eligibility in General Relief prior to application;
13 CSR 40-2.240; 7/15/05, 11/1/05
medical assistance for families; 13 CSR 40-2.375; 7/1/05, 11/1/05

FAMILY TRUST, MISSOURI

charitable trust; 21 CSR 10-4.020; 6/1/05, 11/1/05
regulations; 21 CSR 10-3.010; 6/1/05, 11/1/05
definitions; 21 CSR 10-1.020; 6/1/05, 11/1/05
family trust; 21 CSR 10-4.010; 6/1/05, 11/1/05
meetings of the board; 21 CSR 10-1.030; 6/1/05, 11/1/05
organization; 21 CSR 10-1.010; 6/1/05, 11/1/05
terms and conditions; 21 CSR 10-2.010; 6/1/05, 11/1/05

GAMING COMMISSION, MISSOURI

accepting checks; 11 CSR 45-8.170; 3/1/06
controlled access liquor cabinet systems; 11 CSR 45-12.091;
9/15/05, 1/3/06
giveaways, promotions; 11 CSR 45-5.181; 8/1/05, 12/1/05
shipping of electronic gaming devices; 11 CSR 45-5.237; 12/1/05
tournament, chips; 11 CSR 45-5.180; 8/1/05, 12/1/05

GEOLOGICAL SURVEY AND RESOURCE ASSESSMENT DIVISION

heat pump wells, closed-looped, construction; 10 CSR 23-5.050;
5/2/05, 11/1/05, 3/15/06
sensitive areas; 10 CSR 23-3.100; 5/2/05, 11/1/05, 3/15/06

HEALTH CARE PLAN, MISSOURI CONSOLIDATED

benefit provisions, covered charges
PPO plan; 22 CSR 10-2.050; 2/1/06
definitions; 22 CSR 10-2.010; 2/1/06
HMO/POS standard option, summary; 22 CSR 10-2.064; 2/1/06
limitations
HMO and POS; 22 CSR 10-2.067; 2/1/06
PPO and co-pay plans; 22 CSR 10-2.060; 2/1/06
membership agreement, participation plan; 22 CSR 10-2.020;
2/1/06
pharmacy benefit summary; 22 CSR 10-2.090; 2/1/06

HIGHWAYS AND TRANSPORTATION COMMISSION

construction disputes
arbitration; 7 CSR 10-26.010; 2/15/06
mediation; 7 CSR 10-26.020; 2/15/06
design-build contracts
clarifications; 7 CSR 10-24.310; 9/15/05, 1/17/06
communications; 7 CSR 10-24.320; 9/15/05, 1/17/06
competitive bids, solicitation procedures; 7 CSR 10-24.110;
9/15/05, 11/15/05, 1/17/06
conflicts of interest; 7 CSR 10-24.080; 9/15/05, 1/17/06
definitions; 7 CSR 10-24.010; 9/15/05, 1/17/06
discussions; 7 CSR 10-24.330; 9/15/05, 1/17/06
general; 7 CSR 10-24.020; 9/15/05, 1/17/06
information exchange; 7 CSR 10-24.300; 9/15/05, 1/17/06
modified design-build procedures; 7 CSR 10-24.130; 9/15/05,
1/17/06
negotiations; 7 CSR 10-24.413; 9/15/05, 1/17/06
past performance; 7 CSR 10-24.120; 9/15/05, 11/15/05,
1/17/06
process to review, rate, score proposals; 7 CSR 10-24.210;
9/15/05, 1/17/06
proposal evaluation factors; 7 CSR 10-24.200; 9/15/05,
1/17/06

public-private agreements; 7 CSR 10-24.040; 9/15/05,
1/17/06
risk allocation; 7 CSR 10-24.070; 9/15/05, 1/17/06
selection procedures, award criteria; 7 CSR 10-24.100;
9/15/05, 1/17/06
solicitations and receipts of proposals; 7 CSR 10-24.030;
9/15/05, 11/15/05, 1/17/06
stipends; 7 CSR 10-24.060; 9/15/05, 1/17/06
tradeoffs in design build contracting; 7 CSR 10-24.140;
9/15/05, 1/17/06
types of projects; 7 CSR 10-24.050; 9/15/05, 1/17/06
use of competitive range to limit competition;
7 CSR 10-24.150; 9/15/05, 1/17/06

motor carrier operations

licensing of vehicles; 4 CSR 265-10.020 (changed to
7 CSR 265-10.020); 9/15/05, 1/17/06

overweight and overdimension permits; 7 CSR 10-2.010; 8/15/05,
1/3/06; 7 CSR 10-25.020; 8/15/05, 1/17/06

HOSPITALS

definitions; 19 CSR 30-20.011; 10/17/05, 3/15/06
organization; 19 CSR 30-20.021; 10/3/05, 2/15/06

HUMAN RIGHTS COMMISSION

complaint, investigation, conciliation processes;
8 CSR 60-2.025; 9/15/05
continuances; 8 CSR 60-2.130; 9/15/05
evidences; 8 CSR 60-2.150; 9/15/05
orders; 8 CSR 60-2.210; 9/15/05
pleadings; 8 CSR 60-2.065; 9/15/05
prehearing discovery; 8 CSR 60-2.100; 9/15/05

INSURANCE, DEPARTMENT OF

access to providers for treatment of mental health conditions
20 CSR 400-2.165; 10/3/05, 2/1/06
annuities
commercial honor, principles of trade; 20 CSR 700-1.145;
11/1/05, 2/15/06
recommendations to customers; 20 CSR 700-1.146; 8/15/05,
12/1/05
supervision of sales; 20 CSR 700-1.147; 8/15/05, 12/1/05
derivatives for replication transactions; 20 CSR 200-1.170;
1/17/06
early intervention part C coverage; 20 CSR 400-2.170; 2/1/06
examinations, licensing procedures; 20 CSR 700-1.010; 10/17/05,
2/1/06
fees and renewals; 20 CSR 700-6.100; 2/1/06
financial statement and diskette filing; 20 CSR 200-1.030;
1/17/06
grievance, minimum time to file; 20 CSR 400-10.100; 6/1/05,
11/1/05
HMO access plans; 20 CSR 400-7.095; 9/1/05, 1/17/06
life and health insurance guaranty association; 20 CSR 400-5.600;
9/1/05, 1/3/06
medical malpractice award; 20 CSR; 3/1/02, 3/3/03, 3/15/04
records; 20 CSR 10-2.400; 10/3/05, 1/17/06
sovereign immunity limits; 20 CSR; 1/2/02, 12/16/02, 12/15/03
surplus lines
forms; 20 CSR 200-6.100; 12/1/05, 3/15/06

INTERPRETERS, MISSOURI STATE COMMITTEE OF
principles, general; 4 CSR 232-3.010; 1/3/06

LABOR AND INDUSTRIAL RELATIONS COMMISSION
practice and procedures; 8 CSR 20-2.010; 9/1/05, 11/15/05

LABORATORIES

duties of; 19 CSR 20-20.080; 2/15/06, 3/15/06

LAND RECLAMATION COMMISSION

bond requirements; 10 CSR 40-7.011; 1/3/06, 2/1/06

duration, release of reclamation liability; 10 CSR 40-7.021; 1/3/06, 2/1/06

fund, form and administration; 10 CSR 40-7.041; 1/3/06, 2/1/06
permit revocation, bond forfeiture, authorization to expend fund monies; 10 CSR 40-7.031; 1/3/06, 2/1/06

LIQUOR CONTROL

using minors in beer investigations; 11 CSR 70-2.280; 2/15/06

LODGING ESTABLISHMENTS

sanitation, safety standards; 19 CSR 20-3.050; 9/15/05

LONG-TERM CARE, NURSING FACILITIES

certification; 19 CSR 30-81.010; 12/1/05, 3/15/06
construction standards; 19 CSR 30-86.012; 12/15/04, 4/15/05
evaluation, assessment measures

Title XIX recipients and applicants; 19 CSR 30-81.030;
8/1/05, 11/15/05

resident rights; 19 CSR 30-88.010; 1/17/06

screening, prelong-term care; 19 CSR 30-81.020; 9/15/05, 1/17/06

LOTTERY, MISSOURI

claim period; 12 CSR 40-80.080; 12/15/05

MEDICAL SERVICES, DIVISION OF

anesthesiologist assistants; 13 CSR 70-28.010; 11/1/05
children's health insurance program; 13 CSR 70-4.080; 9/15/05, 12/15/05

dental benefits, limitations; 13 CSR 70-35.010; 7/15/05, 10/3/05, 12/15/05

durable medical equipment; 13 CSR 70-60.010; 7/15/05, 9/15/05, 11/1/05

federal reimbursement allowance; 13 CSR 70-15.110; 7/15/05, 11/1/05

hearing aid program; 13 CSR 70-45.010; 8/1/05, 9/15/05, 12/15/05

home health care services; 13 CSR 70-90.010; 7/1/05, 9/15/05, 11/1/05

limitation on payment for inpatient care; 13 CSR 70-15.030;
7/15/05, 11/1/05

MCO reimbursement allowance; 13 CSR 70-3.170; 7/1/05, 11/15/05

nonemergency medical transportation services; 13 CSR 70-5.010;
10/3/05

outpatient hospital services; 13 CSR 70-15.160; 7/15/05, 11/1/05
payment for general relief recipient hospital outpatient services;
13 CSR 70-15.080; 7/15/05, 11/1/05

reimbursement
HIV services; 13 CSR 70-10.080; 5/2/05, 8/15/05; 8/1/05

inpatient, outpatient hospital services; 13 CSR 70-15.010;
7/15/05, 11/1/05, 3/1/06

nursing services; 13 CSR 70-10.015; 8/1/05

scope of medical services for general relief recipients;
13 CSR 70-2.020; 7/15/05, 11/1/05

Title XIX provider enrollment; 13 CSR 70-3.020; 6/1/05, 9/15/05, 12/1/05

uninsured parents' health insurance program; 13 CSR 70-4.090;
7/15/05, 11/1/05

MENTAL HEALTH, DEPARTMENT OF

admission criteria

adult placement program; 9 CSR 50-2.510; 3/15/06

children's supported living community; 9 CSR 50-2.010;
3/15/06

guidelines for conditional release; 9 CSR 50-2.020; 3/15/06

fire safety, individualized supported living (rule under
consideration); 9 CSR 45-5.120; 3/1/06

report of complaints of abuse/neglect; 9 CSR 10-5.200; 9/15/05, 10/3/05, 1/17/06

unusual events, report of; 9 CSR 10-5.206; 2/1/05, 5/16/05;
10/3/05, 1/17/06

MOTOR VEHICLE

all terrain vehicles; 12 CSR 10-23.428; 7/15/05, 11/1/05
inspection

brake components; 11 CSR 50-2.160; 11/1/05, 2/15/06

school buses; 11 CSR 50-2.320; 11/1/05, 2/15/06

steering mechanisms; 11 CSR 50-2.200; 11/1/05, 2/15/06

license plates, disabled veterans; 12 CSR 10-23.390; 12/15/05

motor fuel bond trust fund; 12 CSR 10-6.030; 12/1/05

notice of sale; 12 CSR 10-23.470; 2/1/06

replacement license tabs; 12 CSR 10-23.440; 12/1/05

secure power of attorney requirements; 12 CSR 10-23.420; 2/1/06

NURSING FACILITIES

certification; 19 CSR 30-81.010; 12/1/05, 3/15/06

NURSING HOME ADMINISTRATORS, MISSOURI BOARD OF

fees; 19 CSR 73-2.015; 1/17/06

license, renewal; 19 CSR 73-2.050; 6/15/05, 11/15/05, 1/17/06

expired license; 19 CSR 73-2.055; 1/17/06

NURSING, STATE BOARD OF

definitions; 4 CSR 200-6.020; 10/3/05, 3/1/06

intravenous fluid treatment administration; 4 CSR 200-6.010;
10/3/05, 3/1/06

approval process for course; 4 CSR 200-6.050; 10/3/05,
3/1/06

by qualified practical nurses; 4 CSR 200-6.030; 10/3/05,
3/1/06

course requirements; 4 CSR 200-6.040; 10/3/05, 3/1/06

intravenous infusion treatment administration; 4 CSR 200-6.060;
10/3/05, 3/1/06

licensure; 4 CSR 200-4.020; 9/1/05, 2/1/06

OCCUPATIONAL THERAPY, MISSOURI BOARD OF

requirements, continuing competency; 4 CSR 205-5.010; 1/3/06

OPTOMETRY, STATE BOARD OF

fees; 4 CSR 210-2.070; 2/1/06

license renewal; 4 CSR 210-2.030; 2/1/06

PERSONNEL ADVISORY BOARD

appeals; 1 CSR 20-4.010; 2/15/06

leaves of absence; 1 CSR 20-5.020; 11/15/05

PHARMACY, STATE BOARD OF

continuing pharmacy education; 4 CSR 220-2.100; 7/15/05,
12/15/05

drug distributor licensing requirements; 4 CSR 220-5.020;
7/15/05, 12/15/05

fees; 4 CSR 220-4.010; 7/15/05, 12/15/05

standards of operation; 4 CSR 220-2.010; 1/3/05, 6/1/05, 9/15/05

PHYSICAL THERAPISTS AND THERAPIST ASSISTANTS

applicants for licensure; 4 CSR 150-3.010; 2/1/06

examination; 4 CSR 150-3.030; 2/1/06

licenses, temporary; 4 CSR 150-3.050; 2/1/06

assistants; 4 CSR 150-3.150; 2/1/06

requirements for licensure

assistants; 4 CSR 150-3.110; 2/1/06

PHYSICIAN ASSISTANTS

agreements, physicians; 4 CSR 150-7.135; 4/1/05, 7/1/05, 7/15/05,
11/1/05

PROBATION AND PAROLE

intervention fee

definitions; 14 CSR 80-5.010; 11/15/05, 3/15/06

procedures; 14 CSR 80-5.020; 11/15/05, 3/15/06

PUBLIC DEFENDER, STATE OFFICE OF

guidelines for determination of indigency; 18 CSR 10-3.010;
3/1/06

PUBLIC SERVICE COMMISSION

cold weather rule; 4 CSR 240-13.055; 2/1/06
complaints, expedited procedure; 4 CSR 240-2.071; 6/15/05
gas utilities, small company
 rate case procedure; 4 CSR 240-3.240; 10/3/05
 rate increase procedure; 4 CSR 240-3.330; 10/3/05
steam heating utility rate case procedure; 4 CSR 240-3.440;
 10/3/05
telecommunication companies
 carrier designations, requirements; 4 CSR 240-3.570; 12/1/05
Universal Service Fund
 applications; 4 CSR 240-31.080; 8/1/05, 1/3/06
 assessments; 4 CSR 240-31.060; 8/1/05, 1/3/06
 definitions; 4 CSR 240-31.010; 7/1/05, 8/1/05, 1/3/06
 eligibility; 4 CSR 240-31.050; 7/1/05, 8/1/05, 1/3/06
 fund administrator; 4 CSR 240-31.030; 8/1/05, 1/3/06
water utility small company
 rate case procedure; 4 CSR 240-3.635; 10/3/05
 rate increase procedure; 4 CSR 240-3.635; 10/3/05

RESPIRATORY CARE, MISSOURI BOARD FOR

fees; 4 CSR 255-1.040; 9/1/05, 2/1/06

RESIDENTIAL CARE FACILITIES I AND II

fire safety standards; 19 CSR 30-86.022; 9/1/05, 12/15/05

RETIREMENT SYSTEMS, COUNTY EMPLOYEES

additional provisions; 16 CSR 50-20.120; 12/15/05
administration of fund; 16 CSR 50-2.160; 12/15/05
benefits upon participant's death; 16 CSR 50-2.120; 12/15/05
contributions; 16 CSR 50-10.030; 12/15/05
direct rollover option; 16 CSR 50-21.130; 12/15/05
distribution of accounts; 16 CSR 50-10.050; 12/15/05
organization; 16 CSR 50-1.010; 12/15/05
payment of benefits; 16 CSR 50-2.035; 8/15/05, 12/15/05
separation from service before retirement; 16 CSR 50-2.040;
 12/15/05

RETIREMENT SYSTEMS, PUBLIC SCHOOL AND PUBLIC EDUCATION

appeal process; 16 CSR 10-1.050; 10/3/05, 1/17/06
beneficiary; 16 CSR 10-5.030, 16 CSR 10-6.090; 10/3/05,
 12/1/05, 1/17/06, 3/15/06
disability retirement; 16 CSR 10-5.020; 10/3/05, 1/17/06
election, vacancy on board; 16 CSR 10-1.040; 10/3/05, 1/17/06
employment; 16 CSR 10-6.010; 10/3/05, 1/17/06
membership service credit; 16 CSR 10-4.010, 16 CSR 10-6.040;
 10/3/05, 1/17/06
payment of funds; 16 CSR 10-3.010; 10/3/05, 1/17/06
reinstatement, credit purchases; 16 CSR 10-4.012,
 16 CSR 10-6.045; 10/3/05, 1/17/06
 payment for; 16 CSR 10-4.014; 10/3/05, 1/17/06
requirements for membership; 16 CSR 10-4.005; 10/3/05, 1/17/06
service retirement; 16 CSR 10-6.060; 10/3/05, 1/17/06
source of funds; 16 CSR 10-6.020; 10/3/05, 1/17/06

REVENUE, DEPARTMENT OF

letter rulings; 12 CSR 10-1.020; 12/1/05

SECURITIES, DIVISION OF

accredited investor exemption; 15 CSR 30-54.215; 11/1/05,
 2/15/06
custody of securities or funds by investment advisors;
 15 CSR 30-51.100; 10/3/05, 1/17/06
fees; 15 CSR 30-50.030; 8/15/05, 12/1/05
foreign issuer exemption; 15 CSR 30-54.260; 12/15/05
forms; 15 CSR 30-50.040; 11/1/05

SENIOR AND DISABILITY SERVICES, DIVISION OF

definitions; 19 CSR 15-8.100; 1/17/06
eligibility; 19 CSR 15-8.200; 1/17/06
 non-Medicaid eligibility; 19 CSR 15-8.300; 1/17/06
hearing rights; 19 CSR 15-8.500; 1/17/06
hearings; 19 CSR 15-8.520; 1/17/06
informal review; 19 CSR 15-8.510; 1/17/06

providers; 19 CSR 15-8.400; 1/17/06
vendors; 19 CSR 15-8.400; 1/17/06

SOCIAL WORKERS, STATE COMMITTEE FOR

continuing education; 4 CSR 263-2.082; 2/15/06
supervisors; 4 CSR 263-2.031; 8/15/05, 12/15/05

TAX, CIGARETTES

adjustment to the distribution of St. Louis County funds;
 12 CSR 10-16.170; 11/1/05, 3/1/06
cigarette tax levied; 12 CSR 10-16.030; 11/1/05, 3/1/06
common carriers, bonded warehousemen, bailees;
 12 CSR 10-16.140; 11/1/05, 3/1/06
definitions; 12 CSR 10-16.020; 11/1/05, 3/1/06
discount allowed; 12 CSR 10-16.070; 11/1/05, 3/1/06
payment on deferred payment basis; 12 CSR 10-16.100; 11/1/05,
 3/1/06
possession of unstamped cigarettes; 12 CSR 10-16.150; 11/1/05,
 3/1/06
purchase on deferred payment basis; 12 CSR 10-16.090; 11/1/05,
 3/1/06
record keeping requirements; 12 CSR 10-16.130; 11/1/05, 3/1/06
release of bonding requirement; 12 CSR 10-16.160; 11/1/05,
 3/1/06
rulings, prior; 12 CSR 10-16.010; 11/1/05, 3/1/06
sample cigarettes; 12 CSR 10-16.060; 11/1/05, 3/1/06
tax evidenced by stamps; 12 CSR 10-16.040; 11/1/05, 3/1/06
unsaleable packages of cigarettes; 12 CSR 10-16.110; 11/1/05,
 3/1/06
use of tax stamps; 12 CSR 10-16.050; 11/1/05, 3/1/06
wholesaler's license; 12 CSR 10-16.120; 11/1/05, 3/1/06

TAX, CITY SALES, TRANSPORTATION SALES, PUBLIC MASS TRANSPORTATION

deductions; 12 CSR 10-5.540; 10/17/05, 2/1/06
delinquent tax; 12 CSR 10-5.100; 10/3/05, 1/17/06;
 12 CSR 10-5.605; 10/17/05, 2/1/06
items taken from inventory; 12 CSR 10-5.065; 10/3/05, 1/17/06;
 12 CSR 10-5.575; 10/17/05, 2/1/06
location of machine determines; 12 CSR 10-5.570; 10/17/05,
 2/1/06
 12 CSR 10-11.050; 10/17/05, 2/1/06
mobile homes; 12 CSR 10-5.090; 10/3/05, 1/17/06;
 12 CSR 10-5.595; 10/17/05, 2/1/06
motor vehicles; 12 CSR 10-5.085; 10/3/05, 1/17/06;
 12 CSR 10-5.585; 10/17/05, 2/1/06
natural gas sales, metered and nonmetered; 12 CSR 10-5.072;
 10/3/05, 1/17/06
other entity defined; 12 CSR 10-5.500; 10/3/05, 1/17/06
over-the-road trailers; 12 CSR 10-5.590; 10/17/05, 2/1/06
seller, entitled; 12 CSR 10-5.045; 10/3/05, 1/17/06;
 12 CSR 10-5.535; 10/17/05, 2/1/06
 not entitled; 12 CSR 10-5.530; 10/3/05, 1/17/06
tax imposed; 12 CSR 10-5.525; 10/3/05, 1/17/06
trailers, over-the-road; 12 CSR 10-5.095; 10/3/05, 1/17/06
which tax applies; 12 CSR 10-5.055; 10/3/05, 1/17/06

TAX, COUNTY SALES

delinquent tax; 12 CSR 10-11.180; 10/17/05, 2/1/06
location of machine determines; 12 CSR 10-11.050; 10/17/05
motor vehicles; 12 CSR 10-11.160; 10/17/05, 2/1/06
seller entitled; 12 CSR 10-11.080; 10/17/05, 2/1/06
state sales tax rules apply; 12 CSR 10-11.060; 10/17/05, 2/1/06

TAX, CREDIT

homestead preservation credit
 procedures
 12 CSR 10-405.100; 11/15/05, 3/1/06;
 12 CSR 10-405.105; 11/15/05, 3/1/06
 qualification and amount of credit
 12 CSR 10-405.200; 11/15/05, 3/1/06;
 12 CSR 10-405.205; 11/15/05, 3/1/06
special needs adoption tax credit
 12 CSR 10-2.195; 12/1/05

TAX, INCOME

annual adjusted rate of interest; 12 CSR 10-41.010; 12/1/05;
1/3/06

TAX, SALES/USE

bankruptcy; 12 CSR 10-101.700; 12/15/05
consumer cooperatives; 12 CSR 10-3.470; 12/1/05
florists; 12 CSR 10-103.620; 12/15/05
itinerant or transitory sellers; 12 CSR 10-3.566; 12/1/05
light aircraft, kits; 12 CSR 10-3.892; 12/1/05
motor fuel bond trust fund; 12 CSR 10-6.030; 12/1/05
motor vehicles; 12 CSR 10-103.350; 10/17/05, 2/1/06
resale; 12 CSR 10-103.220; 10/3/05, 1/17/06
sales tax rules apply; 12 CSR 10-5.030, 10/3/05, 1/17/06;
12 CSR 10-5.510; 10/3/05, 1/17/06
sampling; 12 CSR 10-3.568; 12/1/05
successor liability; 12 CSR 10-101.600; 10/3/05, 1/17/06

TAX, STATE COMMISSION

agricultural productive land values; 12 CSR 30-4.010; 2/1/06
appraisal evidence; 12 CSR 30-3.065; 2/1/06
exchanges of exhibits, prefilled direct testimony, objections;
12 CSR 30-3.060; 2/1/06

UNEMPLOYMENT INSURANCE

state unemployment tax act dumping; 8 CSR 10-4.190; 1/3/06

VETERINARY MEDICAL BOARD, MISSOURI

application; 4 CSR 270-1.031; 1/3/06
renewal; 4 CSR 270-1.050; 1/3/06
standards, minimum
medical records; 4 CSR 270-4.041; 1/3/06
veterinary facilities; 4 CSR 270-4.011; 1/3/06

VETERANS RECOGNITION PROGRAM

recognition awards; 11 CSR 10-5.010; 9/1/05, 12/15/05

VICTIMS FUND GRANT PROGRAM

applicants, eligible; 11 CSR 30-5.020; 7/15/05, 1/3/06
contract awards, monitoring, review; 11 CSR 30-5.050; 7/15/05,
1/3/06

WEIGHTS AND MEASURES

NIST Handbook
method and sale of commodities; 2 CSR 90-20.040; 1/17/06
measuring and inspecting packages or commodities;
2 CSR 90-23.010; 1/17/06
packaging and labeling; 2 CSR 90-22.140; 1/17/06
price verification procedures; 2 CSR 90-25.010; 1/17/06

WORKERS COMPENSATION

administration; 8 CSR 50-2.020; 1/3/06
evaluation of
hearing impairment; 8 CSR 50-5.060; 12/1/05

WORKFORCE DEVELOPMENT, DIVISION OF

job retention program; 4 CSR 195-3.020; 6/15/05, 11/1/05
new jobs program; 4 CSR 195-3.010; 6/15/05, 11/1/05

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